Report Source & Location Dictionary - New / Updated Entry Request Form

Section 1: Report Source Dictionary (Provider or Submitter Information)

Will this be a new entry into the Report Source Dictionary, or a	ו update to an existing entry?
New entry Updating an existing entry	Reactivate or inactivate an entry
If updating or reactivating/inactivating an existing entry, provide Source Dictionary:	current Provider details below, exactly as they appear in the Report
Current Provider Name	Current Provider Type
	Providers should be entered as [Last Name], [First Name Middle er [Location Name] - Unknown Provider . For entries intended for use er Name] - Submitter. Provider Type Provider Identifier
	This is a NPI #
Provider Phone/Extension Provider Building/Suite #	Provider Fax Provider Email
Additional Provider Information Notes for	CalREDIE Staff (will not be entered into CalREDIE)

Section 2: Location Dictionary (Laboratory, Facility, or Exposure Site Information)

If a new Provider was created in Section 1, specify whether we will link this entry to a **new** or **existing** entry in the Location Dictionary. If you elected to update an existing Provider in Section 1, specify whether we will leave it linked as-is, or whether it needs changes. If no Provider was specified, check "This is a standalone..." Note that per CalREDIE standards, we will only update a Provider's linked Location if the new Location refers to the same facility, but the existing linked Location is incorrectly formatted. Providers working at multiple locations should have an individual Report Source Dictionary entry for each Location.

New entry Existing entry	Existing entry, but update It's already linked correctly
Reactivate/inactivate an entry	This is a standalone Location Dictionary request (leave Section 1 blank)
If linking to, updating, or reactivating/inactiv the Location Dictionary:	ating an existing entry, provide current Location details below, exactly as they appear in
Current Location Name	Current Location Type
Current Location Address + City, State	

New or Updated Location Information (CalREDIE staff will save the entry with the information below)

Location Name		Location Type	
Classification	Location Phone Number	Location Fax Number	
Address Number & Street (incl	uding Suite or Floor) Building	z/Unit City State	
ZIP Site #	Jurisdiction	Primary Contact Email	
OID	ID (For LHD Reference Only)	Notes for CalREDIE Staff (will not be entered into CalREDIE)]