Arkansas Department of Health
Public Health Laboratory
201 South Monroe Street, Little Rock, AR 72205

Lab Web Portal User Deactivation Form

Directions: Complete this form to deactivate any user accounts and email the completed form to ADH.Lab.Web.Portal@arkansas.gov or fax to 501-661-2258.

Submitter Information:

Organization
(Facility) Name: ________________________________

Facility Phone Number: __________________________

Facility Fax Number: ____________________________

Contact Person’s Name & Title: ________________________________

Contact’s Email: ______________________________________

User Information:

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<tr>
<th>First Name</th>
<th>Last Name</th>
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Deactivation Statement:

I authorize the deactivation of the above account(s) due to the employee leaving the facility, no longer needing access to the Lab Web Portal to perform their job duties, etc.

Contact Person’s Signature: __________________________ Date: _____________

To Be Completed by the Arkansas Public Health Laboratory:

I have reviewed the above user(s) and approve their deactivation.

IT Supervisor’s Signature ______________ Date ______________ QA Director’s Signature ______________ Date ______________

Lab Director’s Signature ______________ Date ______________

Name & Title of Person Performing Deactivation: ______________________________ Date Deactivated: ______________