



## New Hampshire Public Health Laboratories LabOnline Client Request Form

NH PHL LIMS Unit  
Phone (603)-271-4660  
Fax (603)-271-4783  
DATE:

**Please email completed forms to: [DHHS-PHLLIMSGroup@dhhs.nh.gov](mailto:DHHS-PHLLIMSGroup@dhhs.nh.gov) or fax to the number above.**

**About LabOnline.** LabOnline is a self-service online platform that provides an authorized user the ability to order tests, track sample progression and view, print or download results securely. LabOnline interfaces directly with the New Hampshire Public Health Laboratory Information Management System (LIMS) to import and export real time data.

**Account Types.** We currently offer two types of LabOnline authorized accounts. The **Specimen Submitter** account allows the user to order tests and track sample progress. The **Report Recipient** account allows the user to order tests, track sample progress, and access reports. We recommend two to three report recipients per facility to ensure coverage.

**Account holders are required to sign a PHL Confidentiality agreement prior to credentials being issued.**

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*1. Client Information- please enter the facility for the requested LabOnline accounts*

Facility Name	[ ] [ ]				
City	[ ] [ ]	State	[ ] [ ]	Zip	[ ] [ ]
Phone	[ ] [ ]	Fax	[ ] [ ]		

*2. Primary Contact- the person who is responsible for authorizing your facilities accounts*

Name	[ ] [ ]	Title	[ ] [ ]
Email	[ ] [ ]	Phone	[ ] [ ]

*3. Medical Provider – your facility’s Medical Director or the persons under whom tests are ordered*

Name	[ ] [ ]	Title	[ ] [ ]
Email	[ ] [ ]	Phone	[ ] [ ]
Address	[ ] [ ]		
City	[ ] [ ]	State	[ ] [ ]
		Zip	[ ] [ ]

*4. Report Recipient Account Holders – authorized to order test and access patient reports. \*Requires a signed confidentiality agreement.*

Name	[ ] [ ]	Title	[ ] [ ]
Email	[ ] [ ]	Phone	[ ] [ ]

Name	[ ] [ ]	Title	[ ] [ ]
Email	[ ] [ ]	Phone	[ ] [ ]

Name	[ ] [ ]	Title	[ ] [ ]
Email	[ ] [ ]	Phone	[ ] [ ]

5. Specimen Submitter Account Holder – authorized to order tests. *\*Requires a signed confidentiality agreement.*

Name	[[ ]]	Title	[[ ]]
Email	[[ ]]	Phone	[[ ]]

Name	[[ ]]	Title	[[ ]]
Email	[[ ]]	Phone	[[ ]]

Name	[[ ]]	Title	[[ ]]
Email	[[ ]]	Phone	[[ ]]

Name	[[ ]]	Title	[[ ]]
Email	[[ ]]	Phone	[[ ]]

6. Bill to (if different than primary contact) – invoices will be mailed to this address

Facility Name	[[ ]]		
Name:	[[ ]]		
Address	[[ ]]		
City	[[ ]]	State	[[ ]]
		Zip	[[ ]]
Phone	[[ ]]	Fax	[[ ]]

7. Submit this form along with your signed confidentiality agreement

Please send forms to [DHHS-PHLLIMSGroup@dhhs.nh.gov](mailto:DHHS-PHLLIMSGroup@dhhs.nh.gov) or fax to 603-271-4783. Your account request will be reviewed and set up by the NH PHL LIMS Unit. You will receive an encrypted email with you credentials for logging in to the portal.

8. Log in to LabOnline

You will be issued a user name and a temporary password. You will be required to set up a new password upon your first log in.

<https://labonline.dhhs.nh.gov>

9. LabOnline Resources

For additional resource regarding LabOnline and the NH Public Health Laboratories please go to our webpage at [LabOnline Services | New Hampshire Department of Health and Human Services \(nh.gov\)](#)