



DEPARTMENT OF PATHOLOGY AND MICROBIOLOGY
UNIVERSITY OF NEBRASKA MEDICAL CENTER

First Name: _____ Middle Initial: _____

Last Name: _____

NPI: _____ (If provider)

Email: _____

Phone: _____

I am responsible for the confidentiality of my user name and password. I acknowledge that disclosure to any other person is unauthorized and I am aware this information is to be kept confidential and any violation of this policy will also be subject to disciplinary action, as outlined in the UNMC Policy for Responsible Use of University Computers and Information Systems.

User Signature: _____

Authorized By: _____

Signature: _____

Date: _____

Authorized Clinic(s): _____

Program: _____

**PLEASE FAX THIS FORM ATTENTION NPHL CLIENT SERVICES TO 402-559-4799.
YOU MAY CONTACT CLIENT SERVICES AT 402-559-2440 OR TOLL FREE AT 866-290-1406.**

Note: The NPHL System Administrator recommends creating a password consisting of an alphanumeric string utilizing upper and lower case letters.