



DEPARTMENT OF PATHOLOGY AND MICROBIOLOGY
UNIVERSITY OF NEBRASKA MEDICAL CENTER

ELIRT ORDERING PHYSICIAN ACCESS REQUEST FORM

First Name: _____ Middle Initial: _____

Last Name: _____

Suffix: _____ (MD, PA, RN, MT(ASCP), etc.)

UPIN: _____ (*This is the Universal Identification Number that each ordering provider must have*)

Email (Optional): _____

Primary Clinic: _____

Other Clinic(s) _____

Program: _____

Authorized By: _____

Date: _____

Phone: _____

***PLEASE FAX THIS FORM ATTENTION NPHL CLIENT SERVICES TO 402-559-9497.
YOU MAY CONTACT CLIENT SERVICES AT 402-559-2440 OR TOLL FREE AT 866-290-1406.***