

# SHL Web Portal Application Form (environmental and safe drinking water testing)

Individuals requiring access to data must submit an application for authorization by the State Hygienic Laboratory. The SHL will issue a user ID and password for each individual upon approval of this application. By submitting this application, you acknowledge that you have read, understood, and agree to the Terms of Use specified below. This application must be filled in its entirety in order for the request to be processed. Please keep a copy of this application for your records. *Please type the requested information.*

Email this application form to: [shl-webportalsupport@uiowa.edu](mailto:shl-webportalsupport@uiowa.edu)



For further information, please contact Web Portal Support at 319/335-4358 or [shl-webportalsupport@uiowa.edu](mailto:shl-webportalsupport@uiowa.edu).

## Terms of Use

- (1) SHL will make all reasonable efforts to ensure the accuracy of the information provided through this service, but will not be held liable for errors and/or omissions of any content.
- (2) Tampering, reverse engineering or unlawful use of the content is strictly prohibited.
- (3) The user agrees to access records by only using the user's personal username and password. Healthcare providers agree to only access information for individuals under their care.
- (4) When a user's access to data is to be discontinued, **it is the responsibility of the organization to notify the SHL 14 days prior to the date of termination of access for the said user.** Access will be removed within a reasonable amount of time of the request, but no later than the last day of allowed access.
- (5) Initial passwords will be supplied by SHL. Users must change passwords as necessary but are responsible for the integrity and safe keeping of their password against unauthorized use.
- (6) Violation of said terms will result in immediate termination of access to SHL data, investigation, and possible legal action.

## Organization Information

Organization Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Applicant Information (Required)

First Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_  
Last Name: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position: \_\_\_\_\_

*By accessing and using our web site and these services, you acknowledge that you have read, understood, and agreed to the Terms of Use.*

**Signature of Applicant**

**Date**

## Authorizing Representative Information (Required; Supervisor of Applicant)

First Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_  
Last Name: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Position: \_\_\_\_\_

**Signature of Authorizing Representative**

**Date**