

Request for Authorized User Access to Iowa Newborn Screening Information System (INSIS)

Please complete this form to request the addition of an Authorized User to the INSIS. Each facility is allowed up to five (5) Authorized Users.

Date of Request _____

Name and Email of Requestor _____

Individual Needing Access as Authorized User:

Name _____

Email _____

Facility _____

Facility _____

Facility _____

Access Rights Requested:

- Data Entry for Hearing Screening
- Data Entry for Critical Congenital Heart Disease Screening

Facility Manager/Data Coordinator

Does this person replace an individual (so we may remove that person's access)?

- Yes – name and email of person to remove _____
- No

Requestor:

- I confirm that the individual requesting access as an Authorized User of INSIS will abide by the terms of the Authorized Individual User Agreement as provided on the INSIS initial login page. I also confirm that the Authorized User will not access any records in the INSIS until they have received training provided by the INSIS administrators at the Iowa Department of Health and Human Services.