



STATE OF NEW YORK DEPARTMENT OF HEALTH

Wadsworth Center

The Governor Nelson A. Rockefeller Empire State Plaza

P.O. Box 509

Albany, New York 12201-0509

Laboratory/HPN Affiliation Request

Thank you for your interest in the Electronic Proficiency Testing Reporting System. The following information is required to establish Health Provider Network (HPN) access for your laboratory. The Laboratory Directory of record, as indicated on the NYSDOH laboratory permit, must be affiliated as the HPN Administrator of the clinical laboratory before other individuals, with or without HPN accounts, may gain access to EPTRS! Please note that this must be completed for each laboratory that you are the director of.

The Laboratory Director may designate HPN coordinator(s) to create, update and assign HPN account roles to laboratory staff by completing the HPN Coordinator section below. By default, the Laboratory Director is also designated as an HPN Coordinator.

The information that you provide will be used to create account request applications that will need to be signed and notarized. These applications will be forwarded to the Laboratory Director and the designated HPN Coordinator(s) as Adobe pdf files via the e-mail address(es) provided below. You may choose to provide the same email address for both the Laboratory Director and the HPN Coordinator.

Please fax this completed form to (518) 449-6901.

Facility Name _____

PFI # _____

Laboratory Director's Name
(as it appears on the laboratory permit) _____

HPN login User ID (if known) _____

Month/Day of Birth _____

Work address _____

Office telephone number _____

Office Fax Number _____

E-mail address _____

HPN Coordinator's Name
(no nicknames or initials) _____

HPN login User ID (if known) _____

Month/Day of Birth _____

Office telephone number _____

E-mail address _____

Please indicate if HPN Coordinator is new or in addition to an existing coordinator.

New Additional