



## Request for Pathways Client Internet Access

Date: \_\_\_\_\_

Facility: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pathways Access Requested (Check One):

View Results    Order Entry    Both

The following items are for authentication purposes only.

Last 4 Digits of SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Month of Birth: \_\_\_\_\_

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### Vitalant Diagnostics Applications Administrator Only

User ID Added:    Date: \_\_\_\_\_    By: \_\_\_\_\_

Username: \_\_\_\_\_    Password: \_\_\_\_\_

User Inactivated:    Date: \_\_\_\_\_    By: \_\_\_\_\_

**Return this completed form to [DiagSupport@vitalant.org](mailto:DiagSupport@vitalant.org)  
or by fax (412-209-7275)**