

**VITALANT SPECIALITY LABS  
PITTSBURGH, PA  
HEALTH RECORDS MANAGEMENT**

**REQUEST FOR PATHWAYS CLIENT INTERNET ACCESS**

DATE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PATHWAYS ACCESS REQUESTED (check one):

VIEW RESULTS \_\_\_\_ ORDER ENTRY \_\_\_\_ BOTH \_\_\_\_

-----  
Vitalant Applications Administrator Only:

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

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

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

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