



**HealthCare
Clinical Laboratories.**
A Dignity Health Member

HealthCare Clinical Laboratories
2102 N. California Street
Stockton, CA 95204

Add-A-User Requisition Form

User Information (please print)

Last Name:		First Name:		M.I.:	
Practice Name		Practice Manager			
Practice Phone		User Email:			

Please print ALL physician name(s) in the practice which employee (user) will need access to view patient results:

Note:
 Passwords must be 8 to 10 characters long. They must contain at least 1 number or punctuation character. It cannot contain a caret (^). It cannot be reused for 6 months and passwords ARE case sensitive.

 When logging onto HCCL.com to *View Patient Results* for the first time, you will be asked to electronically sign a Memorandum of Understanding (MOU) that references the Network User Policy and Procedure (NUPP).

 Please e-mail request to robin.deiro@dignityhealth.org or FAX to (916)858-7157.

Completed by:	Date:
Authorized by:	Date:
Access Granted by:	Date: