

NEW YORK STATE DEPARTMENT OF HEALTH

REQUEST FOR INDIVIDUAL ACCESS TO THE ELECTRONIC CLINICAL LABORATORY REPORTING SYSTEM

To request access to the Electronic Clinical Laboratory Reporting System, complete the following information and obtain your laboratory's Health Provider Network coordinator's endorsement. You may then either email or mail a hard copy of this document to:

ECLRS@health.ny.gov

**New York State Dept. of Health
Statistical Program – ECLRS Help Desk
ESP, Corning Tower Building Room 736
Albany, NY 12237**

Check the box(es) of the type of data you will submit:

- Communicable Diseases/Covid-19/Influenza
- Sexually Transmitted Diseases
- Tuberculosis
- HIV
- Cancer
- Lead/Heavy Metal

Facility Name: Facility CLIA#:

Your Name: Your Phone#:

Health Commerce (HCS) ID: **FOR DOH USE ONLY:**
System: PRE / POST

Describe briefly your need for access

Request for HPN profile update to access the Electronic Clinical Laboratory Reporting System.

Laboratory data are protected by strict confidentiality regulations. This information may not be secondarily released.