



# LabOnline Client Request Form

(972) 692-2711

## DCHHS Laboratory Division

DCHHS – L5I – 01  
NOV 2024; Version 1.3

Submit the completed fillable form to PHLabInfo@dallascounty.org to access test results and DCHHS LabOnline, a secure platform for ordering tests, tracking samples, and viewing/downloading results.

**CLIENT INFORMATION** – Submit additional forms if the client is multi-facility (i.e. different address).

Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Test Menu(s) ☐ SARS-CoV-2/Influenza (Molecular) ☐ Respiratory Surveillance ☐ Arboviral Disease  
☐ Sexually Transmitted Infections (e.g., HIV, Syphilis, Gonorrhea, Chlamydia) ☐ Select Agent/LRN (Pre-approval required)

**AUTHORIZED PERSON** – Individual must be authorized to order tests/receive results (42 CFR § 493.2). All reports will be addressed to this individual.

Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ (Provide if different from Facility Address)  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**ADDITIONAL USERS** – Provide an extra copy if more users are needed.

Order, NO approval required – reserved for senior clinicians who do not require a secondary reviewer to approve their test requests.

Order, approval required – reserved for staff who must have all test requests reviewed by senior clinicians prior to submission

① Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Ordering ☐ Order, NO approval required ☐ Order, approval required ☐ No Ordering  
Reports ☐ All Reports ☐ No Reports ☐ Positives – only ☐ Negatives – only  
Delivery Method ☐ LabOnline WebPortal ☐ Email ☐ Fax Email/Fax will issue individual test reports

② Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Ordering ☐ Order, NO approval required ☐ Order, approval required ☐ No Ordering  
Reports ☐ All Reports ☐ No Reports ☐ Positives – only ☐ Negatives – only  
Delivery Method ☐ LabOnline WebPortal ☐ Email ☐ Fax Email/Fax will issue individual test reports

③ Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Ordering ☐ Order, NO approval required ☐ Order, approval required ☐ No Ordering  
Reports ☐ All Reports ☐ No Reports ☐ Positives – only ☐ Negatives – only  
Delivery Method ☐ LabOnline WebPortal ☐ Email ☐ Fax Email/Fax will issue individual test reports

④ Full Name \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Ordering ☐ Order, NO approval required ☐ Order, approval required ☐ No Ordering  
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