**LTP Command Post Access Request form**



**Hematology Access \_\_\_\_\_ LTP East**

**Chemistry Access \_\_\_\_\_ LTP West**

**User Name:**

**Clock Number:**

**Requested Password:**

*\*Note -LTP password does not expire, we will set up access with a default password if no password is requested above. Default Password: ANTECH*

**Copy Security Access level for User ID:**

**Include this user to receive QA Failure alerts (Yes / No)**

**Include this user to receive LTP Reports (Yes / No)**

**Assign Sites (which labs to give access to):**

**Requested by:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Please email this request to [LTPissues@antechmail.com](mailto:LTPissues@antechmail.com) or fax this form to the respective IT Dept: East IT Dept fax 516-727-4690 West IT Dept fax 657-304-2671