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REQUEST FOR PATHWAYS CLIENT INTERNET ACCESS

DATE: _____ FACILITY: _____

CONTACT NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

PATHWAYS ACCESS REQUESTED (check one):

VIEW RESULTS ____ ORDER ENTRY ____ BOTH ____

The following items are for authentication purposes only:

LAST 4 DIGITS OF SS#: _____

MOTHER'S MAIDEN NAME: _____

HIGH SCHOOL ATTENDED: _____

MONTH OF BIRTH: _____

Vitalant Applications Administrator Only:

User ID Added: Date: _____ By: _____

Username: _____ Password: _____

User Inactivated: Date: _____ By: _____

Please return this completed form to copia-admin@itxm.org

or by fax (412-209-7230)