TO HOSPITAL FACILITIES

Please follow these instructions:

1. Fill out everything **EXCEPT** User Name and Date Needed By

2. Forward the completed spreadsheet to Nila.Irwin@nebraska.gov

To: HHS Help/HHSS/NEBRLN, Deanna Poe
     hhs.help@hhss.ne.gov, Deanna.Poe@cio.ne.gov

From: Nila Irwin (Nila.Irwin@nebraska.gov)
       402-471-0354

EXTERNAL USER REQUEST FORM FOR NFUSE ACCESS TO ELECTRONIC BIRTH DEFECT REGISTRATION

Please follow these instructions:

1. Do all except create "User Names" column.

2. Forward the completed spreadsheet to Nila Irwin

Date Needed By:
Citrix User (Yes or No):

Establishment Nam

Address:

Contact info:

Contact phone:

User Names	Name of Employee	Phone	Title	Email Address