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GAVIN NEWSOM
Governor

SCREENING INFORMATION SYSTEM (SIS)
ONLINE SPECIMEN TRACKING (OST)
ACCESS REQUEST

User Information

Facility Code: _____ Facility Name: _____

First Name: _____ Date: _____

Last Name: _____

Title: _____

Work No: _____

Work email address: _____

Department: _____

Supervisor Name: _____ Phone No. _____

Facility Location

Address:
(Number, Street) _____ Apt/Suite#: _____

City: _____ Zip Code: _____

Department use only			
Security Group	GDB NBS-Health Care Provider	Entity Type	Person
Assigned Logon ID:	_____		

Please complete pages 1 thru 3 and return via scan/email to
NBSOST@cdph.ca.gov or fax to (510) 412-4657