

## AmbryPort User Roles & Administrator Authorization Form

In order to assure proper authorization is granted to clinicians affiliated with your facility and/or patients, Ambry is requesting that you complete this ONE TIME Request for User Roles and designation of an account administrator to maintain your data going forward and have it signed by your Medical Director or authorized Physician representative. This process allows Ambry to continue to receive orders and communicate results to the proper clinicians without further bother to you. This form requests that you designate AT MINIMUM, an Administrator for your account that can maintain all other users, their level of access, terminations, and basic account features. The types of users are defined below:

**ADMINISTRATOR:** Administrators have the ability to grant access to AmbryPort to persons within the organization ; adjust the User Role of any person in the organization; and designate which patients can be seen by which users. Administrators are also responsible for immediately REMOVING any terminated users from their designated account AND notifying Ambry Genetics of the termination.

**GENERAL:** General users are allowed access to the AmbryPort for test ordering or receiving results; however, general users may not make, any administrative changes, or grant themselves levels of access not granted by their Administrator.

Ambry is requesting the signature of your Medical Director or Authorized Physician who is permitted by your organization to make decisions on behalf of your organization's AmbryPort account.

Please have the Medical Director or Authorized Physician print, sign and date below. Once signed and returned, an Administrator for your facility will be activated as designated.

| Print Organization Name: | Address: |
|--------------------------|----------|
|                          |          |
| Print Physician Name:    | Date:    |
|                          |          |
| Physician Signature:     | Title:   |
|                          |          |

Please designate the staff member(s) you would like enabled as an administrator so they can immediately start designating/verifying User Roles on behalf of the physician and facility. These members should already be listed in our LIS from previous orders.

| Adminstrator: | Title: |
|---------------|--------|
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Please direct any questions or concerns you may have to info@ambrygen.com or call our Client Services line at 949.900.5500.

## Fax completed form to 949.900.5501 or email back to: info@ambrygen.com