

Washington State Newborn Screening Program



Secure Remote Viewer (SRV) -Getting Started Guide-

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This guide describes how to register for Secure Access Washington (SAW) and the Newborn Screening Secure Remote Viewer (SRV) application.

With this service, you can login and view newborn screening results for infants at your facility anytime online.

Additional Provisions

Secure Remote Viewer is an application implemented by the WA State Department of Health, Office of Newborn Screening which allows authorized users to search for, retrieve, view, and print newborn screening bloodspot results. It is intended to aid healthcare professionals who have a need to review a patients newborn screening results to ensure timely and appropriate care (WAC 246-650-020). Client specific information and screening results are only available to authorized users. You must be explicitly authorized by the DOH to access and use this system. By accessing this system, you are consenting to the recording and monitoring of your activities.

Authorized use of the SRV is strictly for viewing or downloading newborn screening results for infants within the healthcare professional's facility, ensuring timely and secure access to critical health data. Disclosures through the SRV are governed by strict compliance protocols to maintain confidentiality and data integrity. Users must register and undergo security authentication to gain access, and the system is structured to provide continuous, anytime access to authorized individuals, enhancing the efficiency and responsiveness of newborn care.

The newborn screening specimen information and results shall be retained until the child is twenty-one years old in accordance with the requirements for hospitals specified in RCW [70.41.190](#). After this time the department shall destroy the form, including the residual blood specimen.

Unauthorized use of the SRV is strictly prohibited and includes any access, disclosure, or use of the SRV data for purposes other than those explicitly authorized. This includes viewing or downloading information for individuals not under the direct care of the healthcare professional, sharing login credentials, or using the data for commercial or non-clinical purposes. Unauthorized attempts and actions to access or use this system are prohibited by state and federal law and may result in disciplinary action, civil, and/or criminal penalties. It is imperative that all users adhere to the established guidelines to maintain the integrity and confidentiality of the sensitive health information contained within the SRV.

If you have any questions, require additional assistance, or would like to report loss/misuse of information, please contact:

WA State Department of Health
Newborn Screening Laboratory
Phone: (206) 418-5410
Nbs.prog@doh.wa.gov

Registering for Secure Access Washington (SAW)

Secure Access Washington (SAW) is the Washington State application gateway for various online government services. Some individuals already have a SAW account. **If you already have a SAW account, skip to step 7 of this guide to add SRV to your existing SAW account.** If you do not have a SAW account, follow these instructions to create one.

1. Go to <https://secureaccess.wa.gov/> and click “Sign Up!” to start the registration process

2. Enter the requested information, click “I’m not a robot” and then “Submit”

Enter your name and email address

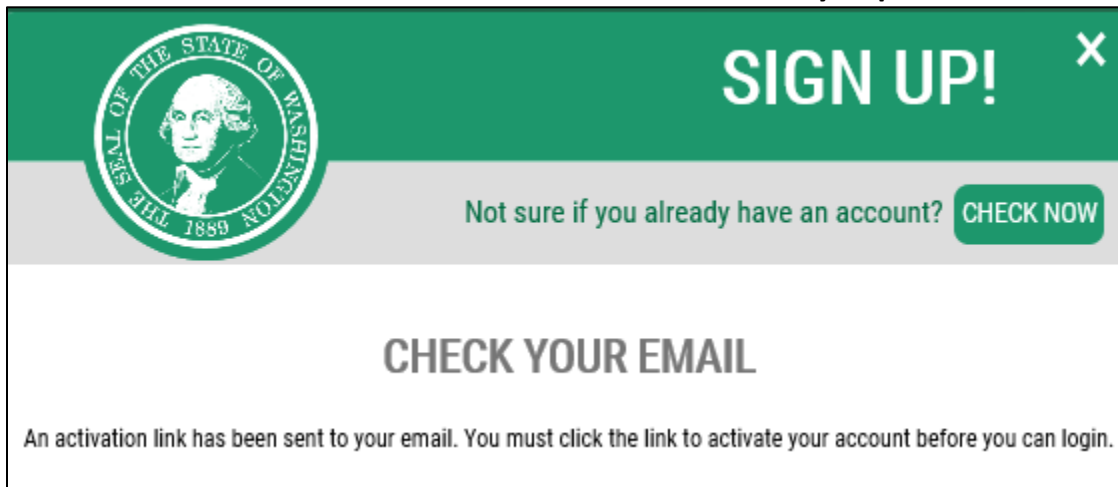
Select a SAW username and a password that meets the stated requirements

Click the “I’m not a robot” button

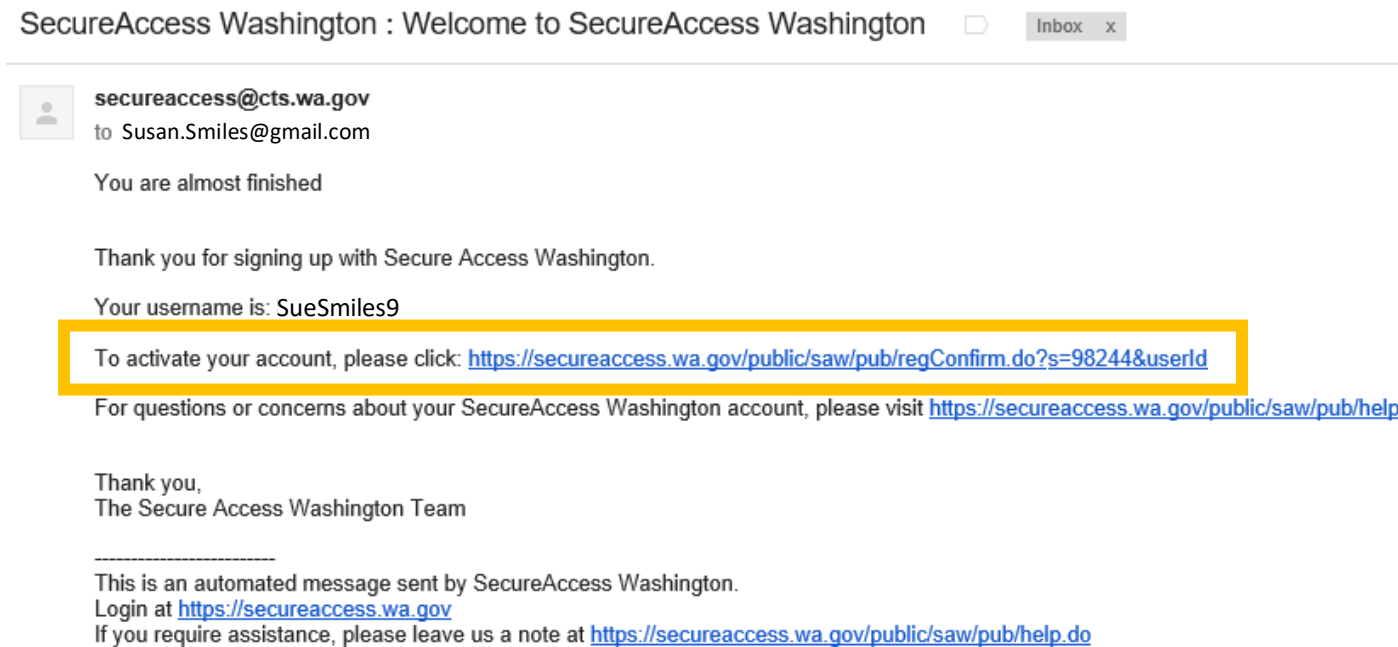
Complete the Captcha challenge

Press “Submit”

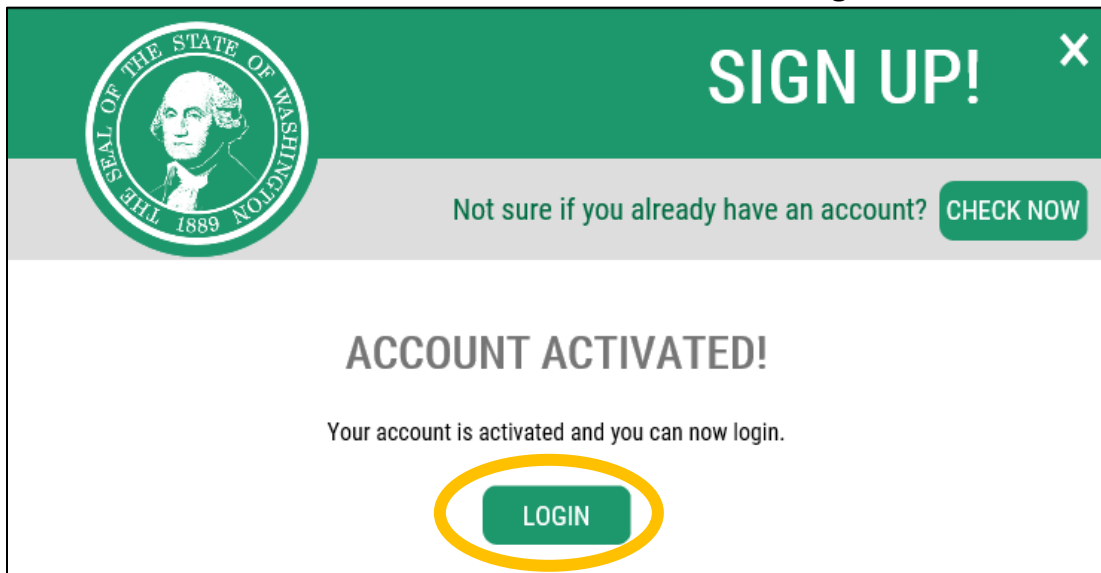
3. An activation link will be sent to the email address you provided



4. Login to your email account and click the activation link from SAW



5. You will receive an "Account Activated" notice. Select "Login."



6. Now login to SAW with the username and password you created

WELCOME
to your login for Washington state.

SecureAccess Washington

SIGN UP! GET HELP TIPS OFF

LOGIN

USERNAME: SueSmiles9

PASSWORD: ●●●●●●●●

SUBMIT

[Forgot your username?](#) | [Forgot your password?](#)

ON BEHALF OF
WASHINGTON STATE AGENCIES

Adding the SRV Application

7. In your SAW account, click “Add a New Service”

GOOD AFTERNOON!
What can we help you access today?

SecureAccess Washington

ACCOUNT GET HELP TIPS OFF LOGOUT

ADD A NEW SERVICE

| SERVICE | DESCRIPTION | MEMBERSHIP | ACTION |
|---------|-------------|------------|--------|
|---------|-------------|------------|--------|

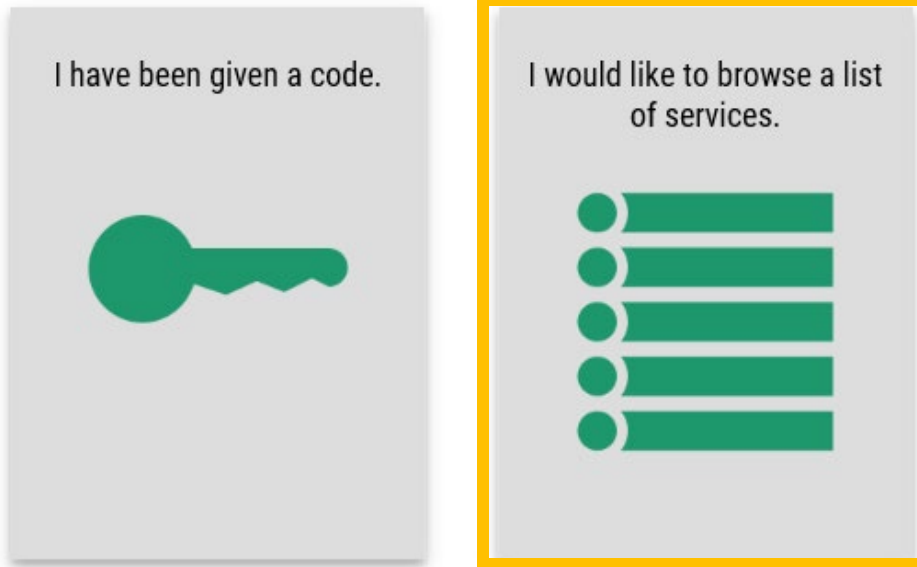
Welcome to Secure Access Washington! To start using services from agencies around Washington, click the 'Add A New Service' button above.

SHOWING YOUR SERVICES FROM
ALL OF WASHINGTON

WASHINGTON STATE AGENCIES

8. Select "I would like to browse a list of services."

ADD A NEW SERVICE



9. Select "Department of Health" from the list

ADD A NEW SERVICE



10. Find “Newborn Screening Secure Remote Viewer (SRV)” and select “Apply”

SERVICES FROM DOH



| | |
|--|--------------|
| DRINKING WATER STATE REVOLVING FUND LOAN APPLICATION | APPLY |
| Drinking Water State Revolving Fund Loan Application for drinking water projects. | |
| EMS ONLINE CERTIFICATION | APPLY |
| Allows EMS Personnel to submit online renewal applications and to manage their supervising agencies. Allows Agency Supervisors, County Coordinators, and Medical Program Directors to review and approve renewal applications. | |
| EPH ONLINE PAYMENTS SYSTEM | APPLY |
| Online Payments system for EPH services | |
| NEWBORN SCREENING SECURE REMOTE VIEWER (SRV) | APPLY |
| View and download newborn screening results for infants screened in Washington State. | |
| ONLINE APPLICATION PORTAL | APPLY |
| Online Applications for Healthcare Provider and Healthcare Facility Credentials. | |

Security Authentication

Identity Verification (KBA): You will be asked several questions to verify your identity based on public records data. This is needed to verify your identity before accessing a service containing personal health data.

11. Ensure your legal name is displayed correctly. Click “Edit your name” if not correct.

IDENTITY VERIFICATION

You will be asked a series of questions based on your public record data (the state of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, you may [request permission to skip this step](#). This choice may delay access to your service. Requests to bypass this process will send a notification to the owner of the service who may reach out to you to verify your identity manually. Once verified, you will be able to continue the registration process for this service.

NAME

Is your legal name displayed correctly below? First and Last name are required. This name should match what appears on your official documents, like your driver's license or passport. [Edit your name](#) if it does not match your official documents. Once any edits are complete, please return to this page.

SUSAN SMILES

12. Enter your personal/home address (wherever you receive bills or bank statements) and press "Continue."

ADDRESS

The State of Washington does not store this address or use it for any purpose other than this transaction. If you have more than one address, enter the location where you receive bills or bank statements.

STREET ADDRESS

Enter your home address

CITY

Your home city

STATE

Your home state

ZIP

Your home zip code

CONTINUE

13. Select the answer to the verification questions. These may be about things you have owned, people you know, or your professional experience. Below is an example, your questions will be different.

IDENTITY VERIFICATION QUESTION

In which of the following cities have you attended college?

- Amherst
- Memphis
- Milwaukee
- Ocala
- Springfield
- None of the above

CONTINUE

TIP: If you have trouble with the questions or the system cannot verify your identity, try the KBA again - different questions will be provided that you may be able to answer

TIP: If you are still unable to pass the verification check, select “request permission to skip this step” (KBA Bypass)

IDENTITY VERIFICATION

You will be asked a series of questions based on your public record data (the state of Washington does not gather or store this data). These questions could be about things you have owned, people you know or your professional experience. If you do not wish to answer these questions, you may [request permission to skip this step](#). This choice may delay access to your service. Requests to bypass this process will send a notification to the owner of the service who may reach out to you to verify your identity manually. Once verified, you will be able to continue the registration process for this service.

NAME

Is your legal name displayed correctly below? First and Last name are required. This name should match what appears on your official documents, like your driver's license or passport. [Edit your name](#) if it does not match your official documents. Once any edits are complete, please return to this page.

- **You will receive the notice “Request Received”**

REQUEST RECEIVED

Your request has been received and is awaiting review by the application owner. You will be notified by email when a decision has been made.

OK

- **Send an email to Relasha.Sampson@doh.wa.gov stating that you would like to register for SRV but had trouble with the KBA. Include the following information:**

Full Name:

Work Phone:

Work Fax:

Work Email:

Title:

Organization/Business Name:

Business Address:

City:

State:

Zip:

Newborn Screening Submitter ID#:

Additional Submitter ID#s you wish to view results for:

Reason for additional submitter ID#s (eg. affiliated clinics):

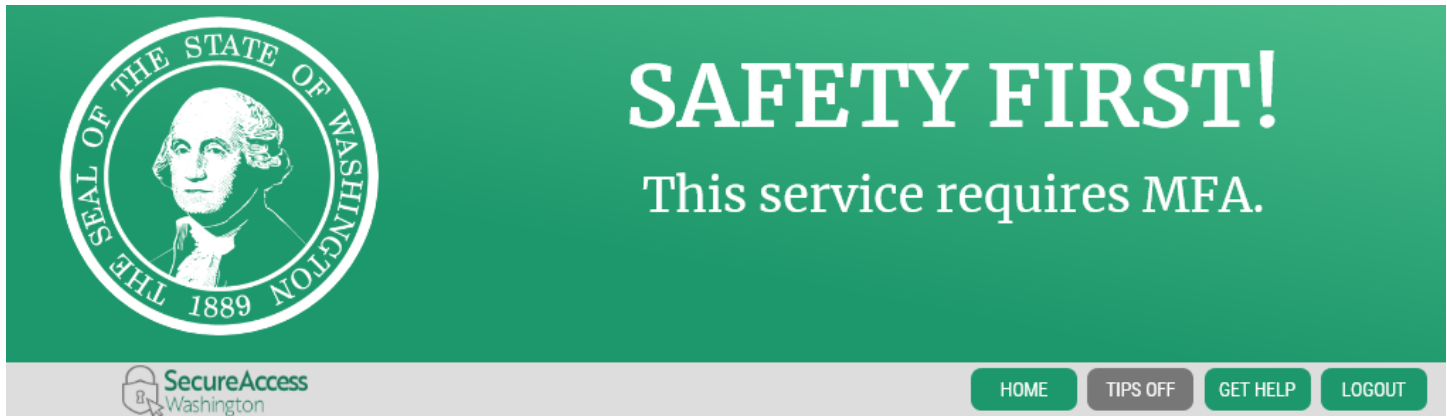
Your role in newborn screening:

- **You will receive an email when your KBA bypass is approved or requesting additional information**

Multi-factor Authentication (MFA) Enrollment: After completing the identity verification (KBA), you will be asked to enter an email and phone number to verify that it's really you when you sign in from different computers.

When you sign in from a new computer, you will select whether you want to receive a verification code by email or by phone via text message (if text enabled) or via phone call (if not text enabled)

14. Press "Begin"



MULTI-FACTOR AUTHENTICATION (MFA)

Multi-Factor Authentication adds an extra layer of security to your account.

- Requires an additional check beyond username and password
- Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

ADD MFA TO YOUR ACCOUNT

We will collect additional emails and phone numbers where we can send codes to verify you in the future.

BEGIN

15. Enter your email address. When you login to SAW from a new computer, this email address will receive a verification code for you to enter into SAW. Press "Continue" when done.

MULTI-FACTOR AUTHENTICATION (MFA)

Multi-Factor Authentication adds an extra layer of security to your account.

- Requires an additional check beyond username and password
- Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

ADD EMAILS

Enter the email addresses that you would like us to send verification codes when we need to make additional security checks.

PRIMARY (REQUIRED)

Susan.Smiles@gmail.com

OPTIONAL

NEXT

16. Enter your phone number. When you login to SAW from a new computer, this phone will receive a verification code (if text enabled) or a phone call (if not text enabled). Press “Continue” when done.

MULTI-FACTOR AUTHENTICATION (MFA)

Multi-Factor Authentication adds an extra layer of security to your account.

- Requires an additional check beyond username and password
- Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

ADD PHONES

Enter the phone numbers you would like us to use for additional security checks. When those occur, you will be able to choose between text messages or an automated call if you prefer to use a number that doesn't receive texts.

PRIMARY PHONE

10 DIGIT NUMBER

OPTIONAL PHONE

10 DIGIT NUMBER

EXTENSION (OPTIONAL)

NEXT

17. Review the information you provided

Select Yes/No to whether you will use this computer in the future

- a. Yes = the computer will be remembered and you will not need to complete MFA to access SRV in the future on this computer (select for a secure computer)
- b. No = You will need to complete MFA (provide the verification code) in the future on this computer (select for non-secure or public computers)

Select “Submit”

MULTI-FACTOR AUTHENTICATION (MFA)

Multi-Factor Authentication adds an extra layer of security to your account.

- Requires an additional check beyond username and password
- Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

REVIEW AND FINALIZE

Please review the information you have entered and make any changes before pressing the “SUBMIT” button.

PHONE NUMBERS

PRIMARY: 4257700808

EMAILS

EMAIL 1: hlovejoy@uw.edu

Would you like us to add this computer to our list of known devices? Users who access the system using a known device are slightly less likely to be challenged.

- Yes**
 No

CHANGE **SUBMIT**

18. Complete the registration form for the SRV application with your WORK information

ADDITIONAL INFO FOR DOH



Department of Health requires some additional information before they can allow access to this service. Please fill in the form below.

***Name**

Your first and last name.

Susan Smiles

***Business Name**

Your hospital, clinic, laboratory, midwifery practice, or other business name.

Smiles Pediatrics

***Business Address**

Your work address.

1233 Evergreen Way, Seattle, WA 98105

***Phone**

Your work phone number.

206-123-4567

***Fax**

Your work fax number.

206-123-4566

***Email Address**

Your work email address.

Susan.Smiles@smilespeds.com

***Newborn Screening ID Number**

The ID number you use in the Submitter ID section on screening cards.

C9876

Additional IDs to View Results

If you need to view results for infants from other medical practices, write the ID numbers here.

C7896

Reason for Additional IDs

Provide the reason for viewing results from another facility. Example: affiliated clinics.

Affiliate clinics, we have two

***Role in Newborn Screening**

Provide a brief description of your role in newborn screening. Example: midwife, medical records.

pediatrician

SUBMIT

19. You will receive a confirmation screen stating your account is under review. You will receive an email once your account is approved.



REGISTRATION UNDER REVIEW

Thank you for registering with agency **Department of Health's** service **Newborn Screening Secure Remote Viewer (SRV)**. You will be notified by email of the approval or rejection of your service registration.

OK

The Newborn Screening Results Secure Remoter Viewer (SRV) application will show as "Pending" until approved.

If your account is not approved within 5 business days, contact Relasha Sampson at 206-418-5719 or by email Relasha.Sampson@doh.wa.gov

SecureAccess Washington ACCOUNT GET HELP TIPS OFF LOGOUT

ADD A NEW SERVICE

| SERVICE | DESCRIPTION | MEMBERSHIP | ACTION |
|--|---|------------|------------------------|
| Newborn Screening Secure Remote Viewer (SRV) | View and download newborn screening results for infants screened in Washington State. | Pending | Cancel |

SHOWING YOUR SERVICES FROM ALL OF WASHINGTON



Logging into the SRV Application

- Please use **Microsoft Edge, Google Chrome, and Firefox** to access SRV.

1. Log into SAW at <https://secureaccess.wa.gov/> using the User ID and password you created through SAW
2. Select the service “Newborn Screening Secure Remote Viewer (SRV)”
 - If your membership is still listed as “Pending,” your account has not been approved yet. You will receive an email when your account is approved and your membership will say “Active”

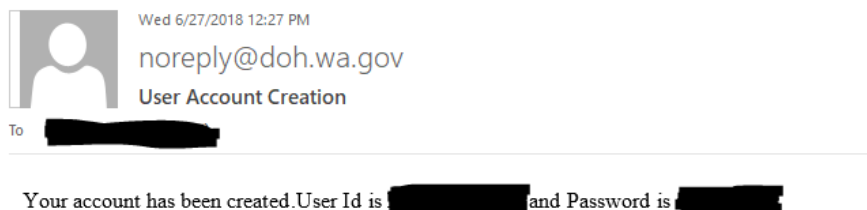
The screenshot shows the SecureAccess Washington interface. At the top, there are navigation buttons for ADMIN, ACCOUNT, GET HELP, TIPS ON, and LOGO. Below this is a section titled 'ADD A NEW SERVICE'. The main content is a table with columns: SERVICE, DESCRIPTION, MEMBERSHIP, and ACTION. The table lists two services: 'EHDDI Application' and 'Newborn Screening Secure Remote Viewer (SRV)'. The 'Newborn Screening Secure Remote Viewer (SRV)' service is circled in red. To the right of the table, there is a section titled 'SHOWING YOUR SERVICES FROM ALL OF WASHINGTON' with a map of Washington and the text 'WASHINGTON STATE AGENCY'.

| SERVICE | DESCRIPTION | MEMBERSHIP | ACTION |
|--|--|------------|------------------------|
| EHDDI Application | This is the SAW service for the EHDDI program's web based application that allows DOH staff and specialists outside of the DOH to enter screening and diagnostic results, patient information, and complete follow-up actions. | Active ? | Remove |
| Newborn Screening Secure Remote Viewer (SRV) | View and download newborn screening results for infants screened in Washington State. | Active ? | Remove |

3. Now enter your SRV username and password

The screenshot shows a web browser window displaying the SRV login page. The address bar shows the URL <https://secureaccess.wa.gov/doh/srv/toolbar/login.aspx>. The page header includes logos for the Washington State Department of Health, WA Newborn Screening Program, and WA EHDDI Program. Below the logos, there is contact information for each program. The main content area has a blue navigation bar with 'Help' and 'Logout' links. Below this, there are links for 'EHDDI Login Help' and 'Browser Not Supported Help'. The login form consists of two input fields: 'User Name' and 'Password', followed by a 'Login' button and a link for 'Forgot your password?'.

TIP: Your SRV username and a temporary password were emailed to you from noreply@doh.wa.gov when your SRV account was approved. These are different than your SAW username/password.



TIP: Manually type the temporary password in. It does not work to copy/paste the temporary password from the email into the password box.

TIP: If you didn't receive an email with your username and temporary password, check your Junk Email.

TIP: If lost the email with the temporary password, click "Forgot your password?" on the login screen to receive a new temporary password

User Name
Password

[Forgot your password?](#)

4. After entering your username and password, select "Login"

User Name
Password

[Forgot your password?](#)

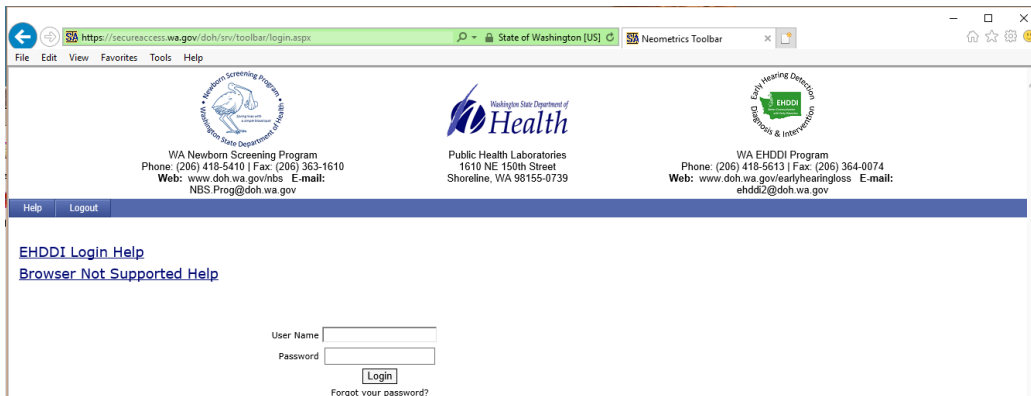
5. The first time you login, you will be prompted to change your password

- Select and answer a security question and choose a new password. Your new password must contain at least **8 characters** and at least **one number** and **one symbol**.
 - Manually type the temporary password into the "Old Password" box, do not copy/paste

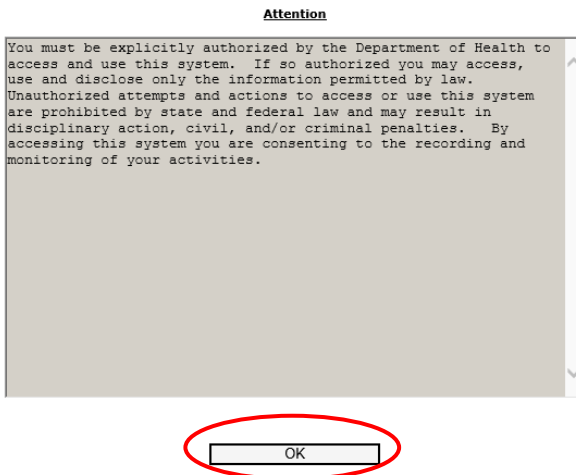
Your password has expired. Please select a security question and reset your password

Select Security Question: What was your childhood nickname?
Enter Answer:
Old Password:
New Password:
Confirm Password:

6. You will be taken back to the login screen to login with your username and new password



7. Press "OK" to the confidentiality message



8. Now you are logged in and ready to search for results!

Tip: There are 5 options to choose from to search for patients Newborn Screening Results.

Tip: Highly recommend using #3 by entering Baby's DOB, Mother's first or last name only, or both.

**** Result information for infants born before 1998 may be obtained by calling 206-418-5410 ****

SEARCH FOR PATIENT RECORD(S) IN ONE OF THE FIVE WAYS:

1) DATE COLLECTED AND SUBMITTER ID# (USE FOR TRACKING SPECIMEN RECEIPT BY THE NBS LABORATORY)

Date Collected

Submitter ID#

2) DATE REPORTED AND SUBMITTER ID# (USE FOR DAILY PRINTING OF RESULT REPORTS)

Date Results Reported

Submitter ID#

3) DOB AND ANY ONE OF THE FOLLOWING FIELDS. IN NAME FIELDS USE THE * FOR A "STARTS WITH" SEARCH

DOB is a required field:

* Baby's DOB

Plus at least one additional field below:

Mother's Last Name

Mother's First Name

Baby's Name

**** Search by baby's first or last name only if not finding by full name ****

Sex

Submitter ID#

Facility of Birth

4) MEDICAL RECORD NUMBER

Medical Record #

5) NBS BARCODE FORM NUMBER (LOCATED ON THE BOTTOM RIGHT CORNER OF THE SCREENING FORM)

NBS Form #

**** For difficulty locating results, please contact the NBS program at 206-418-5410 ****