Frederick National Laboratory for Cancer Research
Registration Form for Access to MIS System

Date _____

Requester Name _____
First MI Last

Organization _____ Dept _____

Employee Nbr _____ Email _____

Phone _____ Bldg _____ Room _____

RER / SmartStream Requester _____
RES / SmartStream User ___x___

Access: Inquiry Only _____ Blanket Order User _____

_____
Requester Signature

Approval

Supervisor _____ Date _____

Actions

MIS Administrator _____ Date _____

User ID Assigned _____

Instructions:
Complete all items above and have form signed by supervisor. Then send to Mel Lambert, Bldg 244 / Rm 218. Your User ID will be sent to you via e-mail.