

Contact Information

PLEASE EMAIL THIS PAGE TO:

PA-NEDSS@pa.gov

OR FAX TO:

(717) 783-3695

ATTN: NEDSS SECURITY TEAM

HEALTH SYSTEM: _____

ORGANIZATION: _____

ORG TYPE: (Circle One) LAB HOSPITAL OTHER (Explain): _____

Comments: _____

Prime Contact Information

Prefix First Name Middle Initial Last Name Suffix

Title: _____

Email Address: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____