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 practice anytime online.
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/](https://secureaccess.wa.gov/) and click “Sign Up!” to start the registration process.

![Sign Up!](image)

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

   ![Registration Form](image)

   - 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.


   secureaccess@cts.wa.gov
   to Susan.Smiles@gmail.com

   You are almost finished

   Thank you for signing up with Secure Access Washington.

   Your username is SueSmiles9

   To activate your account, please click: https://secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=98244&userid

   For questions or concerns about your SecureAccess Washington account, please visit https://secureaccess.wa.gov/public/saw/pub/help

   Thank you.
   The Secure Access Washington Team

   This is an automated message sent by SecureAccess Washington.
   Login at https://secureaccess.wa.gov
   If you require assistance, please leave us a note at https://secureaccess.wa.gov/public/saw/pub/help.do

5. You will receive an “Account Activated” notice. Select “Login.”
6. Now login to SAW with the username and password you created

![Login page with username SueSmiles9 and password masked](image)

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

![Add a New Service page](image)
8. Select “I would like to browse a list of services.”

**ADD A NEW SERVICE**

- I have been given a code.
- I would like to browse a list of services.

9. Select “Department of Health” from the list

**ADD A NEW SERVICE**

<table>
<thead>
<tr>
<th>Board of Accountancy</th>
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</thead>
<tbody>
<tr>
<td>Consolidated Technology Services</td>
</tr>
<tr>
<td>Department of Archaeology and Historic Preservation</td>
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<tr>
<td>Department of Commerce</td>
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<tr>
<td>Department of Ecology</td>
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<tr>
<td>Department of Financial Institutions</td>
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<tr>
<td><strong>Department of Health</strong></td>
</tr>
<tr>
<td>Department of Labor and Industries</td>
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<tr>
<td>Department of Licensing</td>
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</tbody>
</table>
10. Find “Newborn Screening Secure Remote Viewer (SRV)” and select “Apply”

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

• 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.

• Send an email to NBS.Prog@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”

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.
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 (OCI0) 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”

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**REVIEW AND FINALIZE**

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

- PHONE NUMBERS
  - PRIMARY: 4257709808

- 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**

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**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

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**Newborn Screening ID Number**
The ID number you use in the Submitter ID section on screening cards.

C9876

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

pediatrician

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**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

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

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 the Newborn Screening Program at NBS.Prog@doh.wa.gov or 206-418-5410.
Logging into the SRV Application

- Please use **Internet Explorer** to access SRV. Other browsers will not work at this time.

1. Log into SAW at [https://secureaccess.wa.gov/](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”

3. The login page for SRV will display
   - The first time you access SRV, put Internet Explorer into “Compatibility Mode”
   - To do this, click the wheel/gear icon in the top right corner of your Internet Explorer browser
- Drop down to and click “Compatibility View Settings”

- In the window that pops up, press “Add.” You won’t need to do this again, your browser will remember.

4. Now enter your SRV username and 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 lost the email with the temporary password, click “Forgot your password?” on the login screen to receive a new temporary password.

5. After entering your username and password, select “Login”

6. 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

7. You will be taken back to the login screen to login with your username and new password
8. Press “OK” to the confidentiality message

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

**** 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 ****