Welcome to myCB!

When you place your initial order, you will be prompted to create your secure myCB account. From within your myCB, you will be able to:

- View your order results
- Manage requirements specific to your programs
- Complete tasks as directed to meet deadlines
- Upload and store important documents and records
- Place additional orders as needed.

To place an order, go to mycb.castlebranch.com

In the “Place Order” field, enter the following package code specific to your organization:

WD27im – Medical Document Manager

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your myCB and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

You can respond to any active alerts or To-Do List items now, or return later by logging into your myCB. You will receive alerts if information is needed to process your order. Access your myCB anytime to view order status and completed results. Authorized users at your organization will have access to view your compliance status from a separate CastleBranch portal.

Your myCB Service Desk is available to assist you via phone, chat and email
Monday-Friday 8am-8pm & Sunday 10am- 6:30pm EST
888-914-7279 or servicedesk.cu@castlebranch.com
**Medical Document Manager: Requirements**

**Measles, Mumps & Rubella (MMR)**
- One of the following is required:
  - ✔ 2 vaccinations (if born before 1957: 2 measles, 2 Mumps and 1 Rubella vaccine) OR
  - ✔ Positive antibody titer for all 3 components (lab report or physician verification of results required)

**Varicella (Chicken Pox)**
- One of the following is required:
  - ✔ 2 vaccinations OR
  - ✔ Positive antibody titer (lab report required) OR
  - ✔ Medically documented history of disease

**Hepatitis B**
- One of the following is required:
  - ✔ 3 vaccinations OR
  - ✔ Positive antibody titer (lab report required) OR
  - ✔ Declination waiver

**Tuberculosis (TB)**
- One of the following is required:
  - ✔ 2 step TB Skin test (1-3 weeks apart) OR
  - ✔ 2 Consecutive Annual Tests (no more than 12 months between tests) OR
  - ✔ QuantiFERON Gold Blood Test (lab report required) OR
  - ✔ If positive results provide a LAB REPORT OR PHYSICIAN VERIFICATION OF A clear Chest X-Ray.

**Tetanus**
- Submit documentation of a Tetanus booster within the past 10 years.

**CPR Certification**
- Must be the American Heart Association Healthcare Provider course.