



State of California---Health and Human Services Agency
California Department of Public Health



LIST REQUEST FORM

REQUESTING A LIST OF:

LABORATORY TESTING SITES

(Select one)

DIRECTORS Associated with Laboratory Testing Sites
 State Licensed Sites
 State Registered Sites

OWNERS Associated with Laboratory Testing Sites
 State Licensed Sites
 State Registered Sites

STATUS: Active Inactive Both

OR

PERSONNEL (OCCUPATIONAL RECORDS)

(Select one)

Director
 Clinical Laboratory Scientist
 Public Health Microbiologist
 Trainee
 Phlebotomy
 Cytotechnologist

STATUS: Active Inactive Both

SELECT COUNTY

Select no more than 20 counties.

- | | | | | | |
|-----------------|----------------|--------------|--------------------|------------------|-------------------|
| 01 Alameda | 11 Glenn | 21 Mann | 31 Placer | 41 San Mateo | 51 Sutter |
| 02 Alpine | 12 Humboldt | 22 Mariposa | 32 Plumas | 42 Santa Barbara | 52 Tehama |
| 03 Amador | 13 Imperial | 23 Mendocino | 33 Riverside | 43 Santa Clara | 53 Trinity |
| 04 Butte | 14 Inyo | 24 Merced | 34 Sacramento | 44 Santa Cruz | 54 Tulare |
| 05 Calaveras | 15 Kern | 25 Mondoc | 35 San Benito | 45 Shasta | 55 Tuolumne |
| 06 Colusa | 16 Kings | 26 Mono | 36 San Bernardino | 46 Sierra | 56 Ventura |
| 07 Contra Costa | 17 Lake | 27 Monterey | 37 San Diego | 47 Siskiyou | 57 Yolo |
| 08 Del Norte | 18 Lassen | 28 Napa | 38 San Francisco | 48 Solano | 58 Yuba |
| 09 El Dorado | 19 Los Angeles | 29 Nevada | 39 San Joaquin | 49 Sonoma | 98 Out of State |
| 10 Fresno | 20 Madera | 30 Orange | 40 San Luis Obispo | 50 Stanislaus | 99 Out of Country |

ENTER ZIP CODE

Enter a single zip code or range:

_____ through _____

(California range: 90000 through 96699)

SELECT SORTING

List will be in ascending order. Select one.

- Name, Address
- License ID Number, Name, Address Zip
- Code, Name, Address
- County, City, Name, Address County,
- Name, Address

METHOD OF DELIVERY

(Select one)

E-mail
(to the email address below)

CD-ROM
(to the address below)

REQUESTOR INFORMATION

Name:	<input type="text"/>	E-mail:	<input type="text"/>
Company:	<input type="text"/>	Phone No.:	<input type="text"/>
Address:	<input type="text"/>		

- INSTRUCTIONS:**
- Fill out this form: LAB 192 version (9/18)
 - Enclose Fee. Amount: \$150.00 Make check payable to "CDPH" (*Do not send cash payment*)
 - Mail to:
 - California Department of Public Health
 - Laboratory Field Services
 - 850 Marina Bay Parkway, Bldg. P, 1st Floor
 - Richmond, CA 94804
 - Attention: List Request

For more information on list request, visit our website at: <https://go.usa.gov/xPcfd> (case sensitive)

ADMIN ONLY	Date Request Received:	Date Report Received:
	Deposit No:	Date Fulfilled:
	Date Requested:	By: