

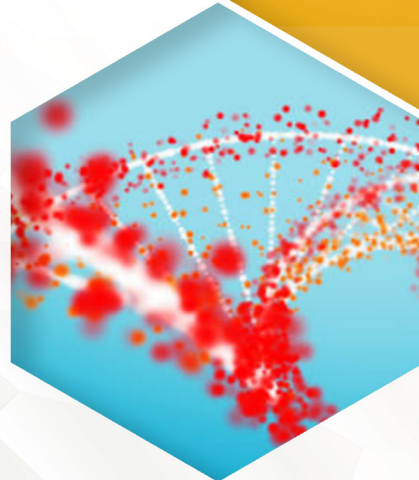
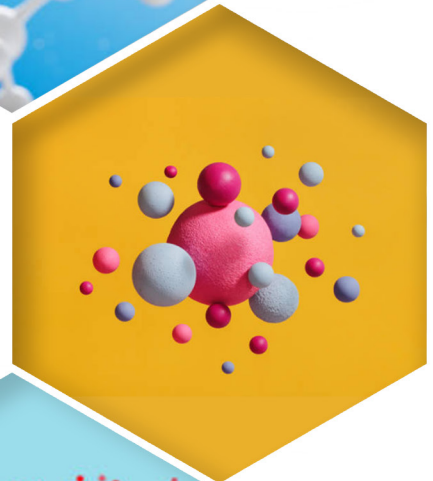
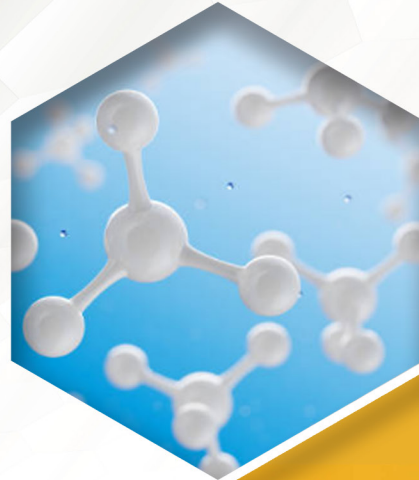


LABORATORY FIELD SERVICES

# **MULTIPLE SITE LICENSE: ADD/RENEW SECONDARY SITE**

**ONLINE APPLICATION SYSTEM  
USER MANUAL**

version 06.2021



# WHEN TO USE THIS MANUAL



Use this manual if you have a multiplesite license and you are:

A) Adding a secondary site.

-OR-

B) Renewing a secondary site separately.

**A**

*E.g.: You need to add a secondary site to your existing primary site.*

Business Name: HEALTH CARE HOSPICE Federal Tax ID: 55-5555555

Refresh Close

License Summary Business Information Ownership Information Laboratory Testing Site(s) Incomplete Laboratory Testing Sites

**Active Licenses**

State ID	Testing Site Name	License Type	Issue Date	Effective Date	Expiration Date	Actions
CLR-90000327	PRIMARY SITE	Registration	Jun 17, 2021	Jun 17, 2021	Jun 16, 2022	Actions
CLR-90000327-1	SECONDARY SITE A	Registration	Jun 17, 2021	Jun 17, 2021	Jun 16, 2022	Actions

**B**

*E.g.: You renewed CLR-90000327 but forgot to renew the secondary site such as CLR-90000327-2, -3, etc.*

Business Name: HEALTH CARE HOSPICE Federal Tax ID: 55-5555555

Refresh Close

License Summary Business Information Ownership Information Laboratory Testing Site(s) Incomplete Laboratory Testing Sites

**Active Licenses**

State ID	Testing Site Name	License Type	Issue Date	Effective Date	Expiration Date	Actions
CLR-90000327	PRIMARY SITE	Registration	Apr 1, 2019	January 2, 2020	January 1, 2020	Actions
CLR-90000327-1	SECONDARY SITE A	Registration	Dec 29, 2020	January 2, 2020	January 1, 2020	Actions

**Inactive Licenses**

State ID	Testing Site Name	License Type	Effective Date	Expiration Date	Status
CLR-90000327-2	SECONDARY SITE B	Registration	January 2, 2020	January 1, 2020	Inactive-Expired

# ADD/RENEW SECONDARY SITE

1

Click the Business to start.

Welcome to Laboratory Facilities

## My Business - Select a business to begin renewal



HEALTH CARE HOSPICE 55-555555



2

Click the [Action] button next to the Primary Site.



Business Name

HEALTH CARE HOSPICE

Federal Tax ID

55-555555

Refresh

Close

License Summary

Business Information

Ownership Information

Laboratory Testing Site(s)

Incomplete Laboratory Testing Sites

### Active Licenses

State ID	Testing Site Name	License Type	Issue Date	Effective Date	Expiration Date	
CLR-90000327	PRIMARY SITE	Registration	Jun 17, 2021	Jun 17, 2021	Jun 16, 2022	Actions
CLR-90000327-1	SECONDARY SITE A	Registration	Jun 17, 2021	Jun 17, 2021	Jun 16, 2022	Add Secondary Site Print License Certificate

3

Select one of the multiple site criteria.

4

Select the site you are adding/renewing. Then click [Next].

Application ID: AMS-143 | State ID: CA-R-90000327 | Business Name: HEALTH CARE HOSPICE | Testing Site Name: PRIMARY SITE

Save | Other Actions ▾ | Close

1 Add Secondary Sites | 2 Business Information | 3 Site Information | 4 Document Uploads | 5 Application Summary | 6 Sign Attestation

Select the applicable multiple site criteria and testing site to continue.

**Notes**

- If a multiple site application was created in error, click "Other Actions" then select "Cancel Application" to return to the license summary.
- Changes will not be reflected on existing sites until reviews are approved.
- Instructions can be found under Facilities Help. (Click "Save", then Click "Close")

Select the applicable multiple site criteria

- (1) Site(s) not at a fixed location.
- (2) Type of site is either a Not-for-profit, federal, state, or local government that engages in limited tests (not more than a combination of 15 moderately complex or waived tests).
- (3) All sites are within a hospital located in contiguous buildings on the same campus and under common directorship and ownership.
- (4) All sites are located within a single street and city address and are under common ownership.

Select the sites that you would like to add as secondary sites

Select	State ID	Laboratory Testing Site Name	Site Address	Federal CLIA ID	Type of Site	Complexity	
<input checked="" type="checkbox"/>		SECONDARY SITE B	850 MARINA BAY PKWY, SUITE 303, RICHMOND, CA, 94804-6403	05D1111111	Hospice	Waived	Edit

Add Site

Next →



If you don't see the site on the list, you can click the [Add Site] button.

5

Complete all the required fields for the secondary site you are adding. Then click [Next].

Business Name Testing Site Name  
HEALTH CARE HOSPICE SECONDARY SITE B Close

### Add Site

1 2 3  
Site Information Tests Performed Laboratory Personnel

#### Site Information

Testing Site Name *	Doing Business As	Federal CLIA ID
SECONDARY SITE B		05D1111111

#### Site Details

Type of Site \*  
Hospice

Business Hours \* 24-7  
Requesting Exemption? NO

Oversight Type \* State  
Federal Certificate Type \* Certificate of Waiver

#### Site Contact

First Name *	Middle Initial	Last Name *
TOM		HANKS
Email *	Primary Phone *	Secondary Phone
TH@LFS.COM	(888) 888-8888	(###) ###-####

#### Physical Location

Address validated.

Address Line 1 *	Address Line 2	
850 MARINA BAY PKWY	SUITE 303	
City *	State *	Zip Code *
RICHMOND	California	94804-6403
County *	Country *	<span>Edit</span>
CONTRA COSTA	United States	

Next →

! CLIA ID must match the primary site's CLIA ID.

6

Select the appropriate “Highest Testing Complexity” and “Federal Certificate Type.”

Complete the required fields. Then, click [Next].

Business Name: HEALTH CARE HOSPICE    Testing Site Name: SECONDARY SITE B    Cancel

**Add Site**

1 Site Information    2 Tests Performed    3 Laboratory Personnel

**Tests Performed**

License Type: ---    Highest Testing Complexity: Select    Federal Certificate Type: Certificate of Waiver

Non-Waived tests must add tests from dropdown menu OR upload LAB 144A

Add tests to be performed at this site: Select

Analyte Name	Test System Name	Specialty Name	Complexity
No Items			

**Upload Test Performed List (LAB 144A)**

Test Performed Info: AMS-143    Upload

Add

Back    Next



Uploading LAB 144A form is not required if Certificate Type is “Waiver” or “PPMP.”

**7** Click [Add From Existing Personnel] button to select the Laboratory Director. Then, click [Submit].

Business Name: HEALTH CARE HOSPICE    Testing Site Name: SECONDARY SITE B

Other Actions ▾    Close    Cancel

**Add Site**

1 Site Information    2 Tests Performed    3 Laboratory Personnel

**Laboratory Personnel**

A CLIA laboratory director must be added.

First Name*	Middle Name	Last Name*	Role	Edit	Remove
No Items					

Add New Laboratory Director    Add From Existing Personnel

**Upload Testing Personnel List (LAB 116)**

Test personnel list: AMS-143    Upload 🗑️

Add

← Back    Submit

! All sites under the multiple site license must have the same Laboratory Director.

! LAB 116 is not required if Certificate Type is "Waiver."

**8** Click [Continue Application].

Add Site

Continue Application    Close

Site has been updated successfully

9

Choose the multiple site criteria and make sure all the sites for this application are selected before clicking [Next].

Application ID: AMS-143 | State ID: CLR-90000327 | Business Name: HEALTH CARE HOSPICE | Testing Site Name: PRIMARY SITE

Save | Other Actions | Close

1 Add Secondary Sites | 2 Business Information | 3 Site Information | 4 Document Uploads | 5 Application Summary | 6 Sign Attestation

Select the applicable multiple site criteria and testing site to continue.

**Notes**

- If a multiple site application was created in error, click "Other Actions" then select "Cancel Application" to return to the license summary.
- Changes will not be reflected on existing sites until reviews are approved.
- Instructions can be found under Facilities Help. (Click "Save", then Click "Close")

Select the applicable multiple site criteria \*

- (1) Site(s) not at a fixed location.
- (2) Type of site is either a Not-for-profit, federal, state, or local government that engages in limited tests (not more than a combination of 15 moderately complex or waived tests).
- (3) All sites are within a hospital located in contiguous buildings on the same campus and under common directorship and ownership.
- (4) All sites are located within a single street and city address and are under common ownership.

Select the sites that you would like to add as secondary sites

Select	State ID	Laboratory Testing Site Name	Site Address	Federal CLIA ID	Type of Site	Complexity	
<input checked="" type="checkbox"/>		SECONDARY SITE B	850 MARINA BAY PKWY, SUITE 303, RICHMOND, CA, 94804-6403	05D1111111	Hospice	Waived	Edit

Add Site

Next →



Application ID: AMS-143    State ID: CLR-90000327    Business Name: HEALTH CARE HOSPICE    Testing Site Name: PRIMARY SITE

Save    Other Actions ▾    Close

1 Add Secondary Sites    2 Business Information    3 Site Information    4 Secondary Site Information    5 Document Uploads    6 Application Summary    7 Sign Attestation

### Business

#### Business Information

Legal Business Name HEALTH CARE HOSPICE	Doing Business As ---
Ownership Type NonProfit	Federal Tax ID 55-5555555

Address Line 1	Address Line 2	City	State	Zip Code	County	Country
850 MARINA BAY PKWY		RICHMOND	CA	94804-6403	CONTRA COSTA	USA

#### Business Contact

First Name * TOM	Middle Initial ---	Last Name * HANKS
Title * OWNER	Primary Phone * (888) 888-8888	Secondary Phone ---
Email * TH@LFS.COM		

#### Ownership Information

Company Name *	First Name *	Last Name *	Role *	Email *	Percentage Owned
	Tom	Hanks	Owner	th@lfs.com	50.00

← Back    Next →

**10** Review the Business Information. Click [Next].

Application ID: AMS-143    State ID: CLR-90000327    Business Name: HEALTH CARE HOSPICE    Testing Site Name: PRIMARY SITE    [Save] [Other Actions] [Close]

1 Add Secondary Sites    2 Business Information    **3 Site Information**    4 Secondary Site Information    5 Document Uploads    6 Application Summary    7 Sign Attestation

### Laboratory Testing Site

#### Site Information

Testing Site Name PRIMARY SITE Doing Business As	State ID CLR-90000327 Federal CLIA ID 05D1111111							
Site Type Hospice Requesting Exemption? No Federal Certificate Type Certificate of Waiver Site Complexity Waived Primary Site <input checked="" type="checkbox"/>	Type of Oversight State License Type Registration Business Hours 24-7							
Address Line 1 850 MARINA BAY PKWY	Address Line 2 SUITE 101	City RICHMOND	State CA	Zip Code 94904-6403	County CONTRA COSTA	Email TH@LFS.COM	Phone (888) 888-8888	Secondary Phone
Country USA								

#### Tests Performed

License Type: Highest Testing Complexity  
Registration: Waived

Analyte Name	Test System Name	Specialty Name	Complexity
No Items			

Document Type	Description	File Name	Date Attached	Attached By
No Items				

#### Laboratory Personnel

First Name	Middle Name	Last Name	Role	License Number
ANA		SMITH	LabDirector	G123

Document Type	Description	File Name	Date Attached	Attached By
No Items				

[Back] [Next]

**11** The system will show the Primary Site's information. Click [Next].

12

To review the secondary site information, click the caret to expand. Then, click [Next].

Application ID: AMS-143    State ID: CLR-90000327    Business Name: HEALTH CARE HOSPICE    Testing Site Name: PRIMARY SITE

Save    Other Actions ▾    Close

1 Add Secondary Sites    2 Business Information    3 Site Information    4 Secondary Site Information    5 Document Uploads    6 Application Summary    7 Sign Attestation

### Secondary Site Information

Site Name	State ID	Federal CLIA ID	Site Type	License Type	Complexity
▶ SECONDARY SITE B		05D1111111	Hospice	Registration	Waived

◀ Back    Next ▶

13

Upload all the appropriate required documents such as CMS 116 (required) and 501(c)(3) (if applicable). Then, click [Next].

Application ID: AMS-143    State ID: CLR-90000327    Business Name: HEALTH CARE HOSPICE    Testing Site Name: PRIMARY SITE

Save    Other Actions ▾    Close

1 Add Secondary Sites    2 Business Information    3 Site Information    4 Secondary Site Information    5 Document Uploads    6 Application Summary    7 Sign Attestation

### Upload Additional Documents Below

Description:     Upload

Upload Additional Documents

◀ Back    Next ▶

**14** The fee for each secondary site is \$28. Click [Next].

Application ID: AMS-143 | State ID: CLR-90000327 | Business Name: HEALTH CARE HOSPICE | Testing Site Name: PRIMARY SITE

Save | Other Actions | Close

1 Add Secondary Sites | 2 Business Information | 3 Site Information | 4 Secondary Site Information | 5 Document Uploads | 6 Application Summary | 7 Sign Attestation

### Payment Information

Testing Site Name	License Type	Application Fee	Total Paid	Amount Due
PRIMARY SITE	Registration	\$0.00		

### Secondary Site Payment Information

Testing Site Name	Doing Business As	Site Type	License Type	Complexity	Application Fee
SECONDARY SITE B		Hospice	Registration	Waived	\$28.00


Back | Next

**15** Review attestation. Sign with your mouse cursor. Click [Accept] before clicking [Submit].

Application ID: AMS-143 | State ID: CLR-90000327 | Business Name: HEALTH CARE HOSPICE | Testing Site Name: PRIMARY SITE

Save | Other Actions | Close

1 Add Secondary Sites | 2 Business Information | 3 Site Information | 4 Secondary Site Information | 5 Document Uploads | 6 Application Summary | 7 Sign Attestation



### APPLICATION ATTESTATION

**Application Number:** AMS-143  
**Application Type:** Registration  
**Application Submitted By:** Tom Hanks

**State ID:** CLR-90000327  
**Laboratory Testing Site:** PRIMARY SITE  
**Physical Location:** 850 MARINA BAY PKWY , RICHMOND , 94804-6403, USA

*I declare that all information provided in this application is true and correct. I agree and understand that any misstatement(s) of material fact(s) will be subject to the laws of California including denial or revocation of my license or certification or criminal or civil penalties. I understand that signing this document is the legal equivalent of having placed my handwritten signature on this application.*

*Note: A license/registration/certification may be suspended or revoked due to unpaid Child Support Services payments (CA Family Code Section 17520) or due to unpaid taxes (BPC Section 494.5).*

**Signature**

Accept | Clear

Back | Submit

16

Click [Shopping Cart]

Add Secondary Site (AMS-143)

Please proceed to Shopping Cart to finalize your transaction.

Shopping Cart Close

17

Select the items to pay, then click [Proceed to Checkout].

Select the Items to be Included in the Transaction

Shopping Cart

Proceed to Checkout Close

**Cart Items**

Select	Fee Type	Reference Number	Testing Site Name	Laboratory Testing Site Address	Total
<input checked="" type="checkbox"/>	Application	AMS-143	PRIMARY SITE	850 MARINA BAY PKWY SUITE 101 RICHMOND, CA 94804-6403	* \$0.00
<input type="checkbox"/>	Multiple Site Application	AMS-143-1	SECONDARY SITE B	850 MARINA BAY PKWY SUITE 303 RICHMOND, CA 94804-6403	* \$28.00
<b>Total Qty:</b>					<b>2</b>
<b>Total Price:</b>					<b>\$28.00</b>

Checkout

[Cart](#)
[Submit](#)
[Close](#)

**Payment Details**

Payment Method \*  
Credit Card

**Credit Card Information**

Credit Card Type \*    Credit Card Number \*  
 VISA    [REDACTED]

Exp Month \*    Exp Year \*    CVV \*  
 01 - Jan    2024    [REDACTED]

**Billing Information**

First Name \*    Middle Initial  
 Tom    [REDACTED]

Last Name \*  
 Hanks

Address Line 1 \*  
 850 M ST

Address Line 2  
 [REDACTED]

City \*    State \*  
 RICHMOND    California

Zip Code \*  
 94804

Email Address \*  
 th@lfs.com

Re-Enter Email Address \*  
 th@lfs.com

Phone number  
 (###) ###-####

**Cart Summary**

Fee	Total
Application	\$0.00
Multiple Site Application	\$28.00
<b>Total Price:</b>	<b>\$28.00</b>

By checking the box below you certify you are an authorized user of this card and authorize the State of California to process a one time non refundable payment of \$28.00 .

I authorize the State of California to process this payment.

**18** Complete the required fields marked with asterisks (\*). Read the authorization statement, then check the box if you agree. Click [Submit].


**19** Click [Close] to go back to your dashboard.

Payment Confirmation

[Close](#)

Print this page for your records or download as pdf. 📄 - 104259Receipt.pdf

**Payment Receipt**



<b>Payment Date:</b> 6/17/21	<b>Confirmation Number:</b> 21061714384416
<b>Payment Method:</b> Credit Card	<b>Payment ID:</b> 104259
<b>Card Ending With:</b> 1111	<b>Payment Amount:</b> \$28.00

**Business**  
HEALTH CARE HOSPICE

Fee Type	Reference Number	Testing Site Name	Laboratory Testing Site Address	Item Qty	Total
Application	AMS-143	PRIMARY SITE	850 MARINA BAY PKWY SUITE 101 RICHMOND, CA 94804-6403	1	\$0.00
Multiple Site Application	AMS-143-1	SECONDARY SITE B	850 MARINA BAY PKWY SUITE 303 RICHMOND, CA 94804-6403	1	\$28.00
<b>Total Qty:</b>				<b>2</b>	<b>Total Price: \$28.00</b>

-END-