

LABORATORY PERSONNEL REPORT

STATE ID: or APPLICATION ID: CLIA ID:

Laboratory Name:

Laboratory Address:

Contact Person: Email:

INSTRUCTIONS: List all testing personnel, laboratory director, and co-laboratory directors and provide the required information.

[illegible]

I certify that all of the individuals listed on this form meet the requirements of California Business and Professions Code, Section 1206.5.

Signature of Laboratory Director:

Print Name:

Date:

Laboratory Name:

[illegible]