## LABORATORY PERSONNEL REPORT

LABORATORT I ERSONNEL REFORT												
OTATE ID: CLIA ID:												
Laboratory Name:												
Laboratory Address:												
Contact Person:		Email:										
INSTRUCTIONS: List a and p	II testing personne rovide the require		ecto	r, an	nd co	-lab	orato	ory d	lirect	tors		
EMPLOYEE NAME	POSITION(S) HELD	LICENSE / CERT. NO.	MICRO	IMMON	CHEM	HEM	IMMUNHEM	СУТО	РАТН	ORALPATH	HISTCOMP	CYTOGEN
I certify that all of the individend and Professions Code, Sec		form meet the	requ	irem	ents	of (	Califo	ornia	Bus	sines	SS	
Signature of Labora	tory Director:	Print Name:				] 	Date	:		7		

California Department of Public Health Laboratory Field Services

STATE ID:	o	r APPLIC	ATIO	N ID	:				CLIA	4 ID:	
Laboratory Name:											
INSTRUCTIONS: List all personnel (e.g. Laboratory Assistant, Phlebotomist, etc.) engaged in collecting and preparing specimens but not responsible for test results as "Testing Personnel."											
EMPLOYEE NAME	HOURS From:	To:	М	Т	W	Th	F	Sa	S	FUNCTION	