

LIST REQUEST

Name of requestor:

Date:

Company:

Address:

Email:

Phone:

Step 1: Select the information you are requesting.

LABORATORY TESTING SITES

Directors associated with...
State Licensed Sites
State Registered Sites

Owners associated with...
State Licensed Sites
State Registered Sites

Status:

OR

PERSONNEL (Occupational Records)

Clinical Laboratory Scientist
Cytotechnologist
Director
Phlebotomist
Public Health Microbiologist
Trainee

Status:

Step 2: Select geographical area.

By zip code: Enter a single zip code or range:

(California range: 90000 through 96699)

OR

By county: (Select up to 20 counties)

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

Step 3: Provide the email address to where we will send the list.

Email:

Step 4: Enclose fee, email a copy, and mail.



Enclose the fee amount:

\$500



Email a copy of this form to:

CDPH.LFSResearchDataUnit@cdph.ca.gov

Subject: "List Request"



Mail to:

CDPH - Laboratory Field Services
850 Marina Bay Parkway, Bldg. P-1
Richmond, CA 94804
Attention: List Request