

LABORATORY FIELD SERVICES

MULTIPLE SITE LICENSE: ADD/RENEW SECONDARY SITE

ONLINE APPLICATION SYSTEM USER MANUAL

version 06.2021

WHEN TO USE THIS MANUAL



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Use this manual if you have a multiplesite license and you are: A) Adding a secondary site. -OR-

B) Renewing a secondary site separately.

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

Busine HEA	IS Name LTH CARE HOSP	Federal Tax ID					Refresh Close
License Summary	Business Information	Ownership Information	Laboratory Testing Site(s)	Incomplete Labora	tory Testing Sites		
Active Licenses							
State ID	Testing Site Nam	e	License Type	Issue Date		Fundamente a Parte	
	Ŭ			issue Date	Effective Date	Expiration Date	
CLR-90000327	PRIMARY SITE		Registration	Jun 17, 2021	Jun 17, 2021	Jun 16, 2022	Actions
CLR-90000327 CLR-90000327-1	PRIMARY SITE	A	Registration	Jun 17, 2021 Jun 17, 2021	Jun 17, 2021	Jun 16, 2022 Jun 16, 2022	Actions Actions

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

Busine HEA	ess Name ALTH CARE HOSP	Federal Tax ID PICE 55-5555555					Refresh Close
License Summary	Business Information	Ownership Information	Laboratory Testing Site(s)	Incomplete Laboratory Te	sting Sites		
Active Licenses							
State ID	Testing Site Nam	e	License Type	Issue Date	Effective Date	Expiration Date	
CLR-90000327	PRIMARY SITE		Registration	Apr 1, 2019	January 2, 2020	January 1, 2020	Actions
CLR-90000327-1	SECONDARY SITE A	l	Registration	Dec 29, 2020	January 2, 2020	January 1, 2020	Actions
Inactive License	25						
State ID	Testing Site Name	License Type	Effective Date	Expiration Date		Status	i
CLR-90000327-2	SECONDARY SITE B	Registration	January 2, 2020	January 1, 2020		Inactiv	e-Expired
						-	





			Select the site Then click [No	e you are addin ext].	g/renewin	ig.	
cation ID 143	State ID Bus CIR-90000327 HEA	siness Name Testing ALTH CARE HOSPICE PRIMAR	Site Name Y SITE			Save Other Actions	Closed
econdary SI	tes Business Inf						
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Then click	([Next].		
Business Name Testing Sit	te Name		
HEALTH CARE HOSPICE SECONDA	RY SITE B		Close
Add Site			
1 2			CLIA ID must match
Site Information Tests Performe			primary site's CLIA
Site Information			
Testing Site Name *	Doing Business As	Federal CLIA ID	
SECONDARY SITE B		05D111111	
Site Details			
Type of Site 🐀			
Hospice	Remercian Franchian 2	~	
24-7	No V		
Oversight Type 🗶		Federal Certificate Typ	pe \star
state		Certificate of waiver	•
Site Contact			
First Name *	Middle Initial		Last Name \star
TOM Email #	Primary Phone +		HANKS Secondary Phone
TH@LFS.COM	(888) 888-8888		(###) ###-####
Physical Location			
Address validated.			
Address Line 1*	Address Line 2		
850 MARINA BAY PKWY	SUITE 303		
	State 🚖		Zip Code*
City \star	California		94804-6403
City★ RICHMOND			
City* RICHMOND County* Country* CONTRA COSTA United States	Edit		

	Select the appropriate and "Federal Certificate	"Highest Testing Complexity" e Type."
Business Name Testing Site Name HEALTH CARE HOSPICE SECONDARY SITE B	Complete the required	fields. Then, click [Next].
Add Site 1 2 3 Site Information Tests Performed Labor	ory Personnel	
License Type Highest Testing Complexity Fe Select V Non-Wai High Moderate PPMP Add tests to be Select V Maived his site	ederal Certificate Type * ertificate of Walver d tests from dropdown men	✓ u OR upload LAB 144A
Analyte Name _* Test	System Name 🗶	Specialty Name * Complexity
No items Upload Test Performed List (LAB 1	44A) •	Uploading LAB 144A form is not required if Certificate Type is "Waiver" or "PPMP."
Test Performed Info: AMS-143		Upload
Add		
	← Back Next →	

Business Name Testing Site	Name	-		
HEALTH CARE HOSPICE SECONDAR	IY SITE B		Other Actions	Close Cancel
Add Site 1 2 Site information Tests Performed	3 Laboratory Personnel		All sites und license mus Laboratory	der the multiple t have the same Director.
Laboratory Personnel	iractor must be ad	dad		
A CLIA laboratory d	frector must be ad	ded.		
First Name *	MIddle Name	Last Name*	Role	Edit Remove
Add New Laboratory Director Upload Testing Personne	Add From Existing Personn	el	LAB 116 is not re Certificate Type is	quired if s "Waiver."
Test personnel list: AMS-143			Upload	
Add				
	🗲 Back	Submit		
	8 Click	(Continue Applic	cation].	

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

9

AM3-143	CLR-90000327	HEALTH CARE HOSP	ICE PRIMARY	SITE				Save Ot	her Actions 🗸
1									
Add Secondary	Sites Busines								
Select the a	applicable mult	iple site criteria an	d testing site	to continue.					
Notes									
-If a multiple	e site applicatio	n was created in err	or, click "Other	Actions" then select "Ca	ncel Application" to retur	n to the license su	mmary.		
-Changes w	vill not be reflect	ed on existing sites	until reviews a	are approved.					
-Instruction	s can be found	under Facilities Help	. (Click "Save"	', then Click "Close")					
Select the approximation	pplicable multipl	e site criteria \star							
Select the ap	pplicable multiple not at a fixed loc	e site criteria 👷 ation.							
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Busi	ness						
В	usiness Information						
	Legal Business Name HEALTH CARE HOSPICE Ownership Type NonProfit			Doing Business As —— Federal Tax ID 55-5555555			
	Address Line 1 4 850 MARINA BAY PKWY	ddress Line 2 City Si RICHMOND C	tate ZipCode County A 94804-6403 CONTRACOSTA	Country USA			
в	usiness Contact						
	First Name _* TOM Title *		Middle Initial		Last Name∗ HANKS		
	OWNER Email <u>*</u> TH@LFS.COM		Primary Phone ★ (888) 888-8888		Secondary Phone		
C	wnership Information						
	Company Name 🗙	First Name \star	Last Name _*	Role \star	Email \star	Percentage Owned	
		Tom	Hanks	Owner	th@lfs.com	50.00	<u>b</u>
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			Back				

2 condary Sites Business Inform	3 nation Site Information				
boratory Testing Site					
Site Information					
Testing Site Name			State ID		
PRIMARY SITE Doing Business As			CLR-90000327 Federal CLIA ID		
Site Type			05D111111		
Hospice Requesting Exemption?			Type of Oversight		
NO Federal Certificate Type			State License Type		
Certificate of Walver Site Complexity			Registration Business Hours		
Walved Primary Site			24-7		
Address Line 1	Address Line 2 City St	ate ZipCode County	Email Phone	Secondary Phone	
850 MARINA BAY PKWY	SUITE 101 RICHMOND C	A 94804-6403 CONTRA (COSTA TH@LFS.COM (888) 888-8888		
USA					
Tests Performed					
Registration Walved	ng Complexity				
Analyte Name \star	Test System Nan	ne 👷	Specialty Name \star	Complexity	
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------|----------------------------|
| Application ID         State ID         Business           AMS-143         CLR-90000327         HEALTH           1         2           Add Secondary Sites         Business Information | Name Testing Site Name<br>CAPE HOSPICE PRIMARY SITE<br>3<br>4<br>tion Site Information Secondary Site Inform    | nation Document Uploads                 | a<br>Application Summary | - 7<br>Sign Attestation | Save Other Actions V Close |
| Secondary Site Information<br>SIT Name State ID<br>DECONDARY SITE B                                                                                                                     | Federal CLIA ID         Site Type         License Type           05D111111         Hospice         Registration | Complexity                              |                          |                         |                            |
|                                                                                                                                                                                         | <b>←</b> Back                                                                                                   | Next 🔶                                  |                          |                         |                            |

| <b>13</b><br>Upload all the a<br>documents suc<br>and 501(c)(3) (<br>Then, click [Ne                          | appropriate required<br>h as CMS 116 (required)<br>if applicable).<br>xt]. |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Application ID State ID Business Name Testing Site Name AMS-143 CLR-90000327 HEALTH CARE HOSPICE PRIMARY SITE | Save Other Actions ✓ Close                                                 |
| 1 2 3 4<br>Add Secondary Sites Business Information Site Information Secondary Site Informati                 | 5<br>on Document Uploads Application Summary Sign Attestation              |
| Upload Additional Documents Below                                                                             |                                                                            |
| Description<br>Description                                                                                    | Upload                                                                     |
| Upload Additional Documents                                                                                   |                                                                            |
| Sack                                                                                                          | Next 🔶                                                                     |

| Application ID State ID<br>AMS-143 CLR-90000327                                           | Business Name         Testing Site Name           7         HEALTH CARE HOSPICE           9         Other Actions                                                                                                                                                | Close |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1 2                                                                                       | 3 4 5 6 7                                                                                                                                                                                                                                                        |       |
| dd Secondary Sites Busine                                                                 | ess Information Site Information Secondary Site Information Document Uploads Application Summar Sign Attestation                                                                                                                                                 |       |
|                                                                                           |                                                                                                                                                                                                                                                                  |       |
| Payment Information                                                                       | n an                                                                                                                                                                                                                         |       |
| Payment Information                                                                       | n License Type Application Fee Total Paid Amount Due                                                                                                                                                                                                             |       |
| Payment Information                                                                       | License Type Application Fee Total Paid Amount Due                                                                                                                                                                                                               |       |
| Payment Information Testing Site Name PRIMARY SITE                                        | License Type     Application Fee     Total Paid     Amount Due       Registration     \$0.00                                                                                                                                                                     |       |
| Payment Information Testing Site Name PRIMARY SITE Secondary Site Payment                 | License Type     Application Fee     Total Paid     Amount Due       Registration     \$0.00                                                                                                                                                                     |       |
| Payment Information Testing Site Name PRIMARY SITE Secondary Site Payment                 | License Type     Application Fee     Total Paid     Amount Due       Registration     \$0.00                                                                                                                                                                     |       |
| Payment Information Testing Site Name PRIMARY SITE Secondary Site Payme Testing Site Name | License Type       Application Fee       Total Paid       Amount Due         Registration       \$0.00         ent Information       Image: Complexity Application Free         Doing Business As       Site Type       License Type Complexity Application Free |       |

| Application ID State ID Business Name<br>AMS-143 CLR-90000327 HEALTH CARE H                                     | HOSPICE PRIMARY SITE                                                                                           |                                                                     |                                                            | Save Othe                                           | er Actions 🗸                           | Close     |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|----------------------------------------|-----------|
| 1 2<br>Add Secondary Sites Business Information                                                                 | 3 4<br>Site Information Secondary Site Information                                                             | 5 6<br>Document Uploads Applica                                     | 7<br>Sign Atte                                             | estation                                            |                                        |           |
| PublicHealth                                                                                                    | APPLICATION ATTESTATION                                                                                        | 15                                                                  | Review att                                                 | estation.                                           |                                        | $\neg$    |
| Application Number: AMS-143<br>Application Type: Registration<br>Application Submitted By: Tom Hanks            |                                                                                                                |                                                                     | Sign with y<br>Click [Acce                                 | /our mous<br>ept] befor<br>ubmit1                   | se curs<br>e                           | or.       |
| State ID: CLR-90000327<br>Laboratory Testing Site: PRIMARY SITE<br>Physical Location: 850 MARINA BAY PKWY, RICH | MOND, 94804-6403, USA                                                                                          | l                                                                   |                                                            | aoning.                                             |                                        |           |
| I declare that all information provided in this ap<br>revocation of my license or certification or crim         | oplication is true and correct. I agree and understa<br>inal or civil penalties. I understand that signing thi | nd that any misstatement(s) of m<br>s document is the legal equiver | ayerial fact(s) will be subje<br>t of having placed my han | ect to the laws of Califo<br>ndwritten signature on | ornia including d<br>this application. | lenial or |
| Note: A license/registration/certification may be                                                               | suspended or revoked due to unpaid Child Suppo                                                                 | ort Services payments CA Family                                     | r Code Section 17520) or                                   | due to unpaid taxes (l                              | BPC Section 49                         | 4.5).     |
| Signature                                                                                                       |                                                                                                                |                                                                     |                                                            |                                                     |                                        |           |
|                                                                                                                 | And .                                                                                                          |                                                                     |                                                            |                                                     |                                        |           |
| Accept Atro                                                                                                     | Clear                                                                                                          | ta)                                                                 |                                                            |                                                     |                                        |           |
|                                                                                                                 | 🗲 Back                                                                                                         | Submit                                                              |                                                            |                                                     |                                        |           |





| Selec    | t the Items          | to be Includ    | led in the T         | ransaction                                               |     |   |              |         |
|----------|----------------------|-----------------|----------------------|----------------------------------------------------------|-----|---|--------------|---------|
| Shopp    | oing Cart            |                 |                      |                                                          |     |   |              |         |
| Cart Ite | ms                   |                 |                      |                                                          |     |   |              |         |
| Select   | Fee Туре             | Reference Num   | ber Testing Site Nan | e Laboratory Testing Site Address                        |     |   | Total        |         |
| <b>Z</b> | Application          | AMS-143         | PRIMARY SITE         | 850 MARINA BAY PKWY SUITE 101<br>RICHMOND, CA 94804-6403 |     |   | \$0.00       |         |
|          | Multiple Site Applic | ation AMS-143-1 | SECONDARY SITE       | 850 MARINA BAY PKWY SUITE 303<br>RICHMOND, CA 94804-6403 |     |   | * \$28.00    |         |
|          |                      |                 |                      | Total Q                                                  | ty: | 2 | Total Price: | \$28.00 |
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                                                                                                                                                                                                                                                                                      | ation statement, f<br>ation statement, f<br>se] to go back to<br>21061714384416<br>104259<br>528.00<br>Laboratory Testing Site Address<br>850 MARINA BAY PKWY SUITE 101<br>RICHMOND, CA 94804-6403               | your das              | our records or<br>alifornia            | d.                                           | /OU 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| Payment Confirmation Payment Date: 6/17/2 Payment Method: Credit Card Ending With: 1111 Business HEALTH CARE HOSPICE Fee Type Application Multiple Site Application | Payr<br>Ci<br>Card<br>Reference Number<br>AMS-143<br>AMS-143-1 | mplete the requ<br>ad the authoriza<br>ck [Submit].<br>19<br>Click [Clos<br>Click [Clos<br>Click [Clos<br>Confirmation Number:<br>Payment Amount:<br>Testing Site Name<br>PRIMARY SITE<br>SECONDARY SITE B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 21061714384416<br>221061714384416<br>104259<br>328.00<br>Laboratory Testing Site Address<br>850 MARINA BAY PKWY SUITE 101<br>RICHMOND, CA 94804-6403<br>850 MARINA BAY PKWY SUITE 303<br>RICHMOND, CA 94804-6403 | your das              | our records or<br>alifornia<br>tem Qty | d.<br>download as pdf<br>Department<br>CHeal | /OU agree.<br>Close Close                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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