



MARK B HORTON, MD, MSPH  
*Director*

State of California—Health and Human Services Agency  
California Department of Public Health



ARNOLD SCHWARZENEGGER  
*Governor*

## **IMPORTANT NOTICE**

To: All California and Out-of-state Clinical Laboratory Facilities

Regarding: New Clinical Laboratory License and Registration Fees

The 2009 California State Legislature recently passed SB 744 which was signed into law by the Governor on 10/11/09. This bill amended the Business and Professions Code relating to clinical laboratories. The bill contained an urgency clause and is effective immediately.

### **Registration fees:**

Clinical laboratory registration fees for Waived or Provider Performed Microscopy (PPMP) will remain as a single standard fee for each registration type.

### **License fees**

Clinical laboratory license fees will no longer be a single standard fee, but will be calculated for each laboratory based upon the total annual volume of moderate, high complexity clinical laboratory tests, and provider performed microscopic procedures.

### **Clinical Laboratory License & Registration Fees**

<http://www.cdph.ca.gov/programs/lfs/Documents/A-License-FeeSchedules.pdf>

## **GUIDELINES FOR COUNTING TESTS FOR STATE LICENSE FEES**

- . For **histocompatibility** each HLA typing (including disease associated antigens), HLA antibody screen or HLA crossmatch is counted as one test.
- . For **microbiology**, susceptibility testing is counted as one test per group of antibiotics used to determine sensitivity for one organism. Cultures are counted as one per specimen regardless of the extent of identification, number of organisms isolated and number of test/procedures required for identification.
- . Testing for **allergens** should be counted as one test per individual allergen.
- . For **chemistry** profiles, each individual analyte in the profile is counted as one test.

## GUIDELINES FOR COUNTING TESTS FOR STATE LICENSE FEES-continued

- . For **urinalysis**, microscopic and macroscopic examinations, each counts as one test. Macroscopic (dipsticks) are counted as one test regardless of the number of reagent pads on the strip.
- . For **hematology** differentials are counted as one test. For complete blood counts each measured individual analyte that is ordered and reported is counted separately.
- . **Note:** Do not count calculations (e.g., A/G ratio, MCH, and T7), quality control, quality assurance and proficiency testing assays.
- . For **immunohematology**, each ABO, Rh, antibody screen, crossmatch or antibody identification is counted as one test.
- . For **histopathology**, each block (not slide) is counted as one test. Autopsy services are not included. For those laboratories that perform special stains on histology slides, the test volume is determined by adding the number of special stains performed on slides to the total number of specimen blocks prepared by the laboratory.
- . For **cytology**, each slide (not case) is counted as one test for both Pap smears and nongynecologic cytology.
- . For **cytogenetics**, the number of tests is determined by the number of specimen types processed on each patient; e.g., a bone marrow and a venous blood specimen received on one patient is counted as two tests.
- . For flow **cytometry** each measured individual analyte that is ordered and reported is counted separately.