California Department of Public Health
Laboratory Field Services
850 Marina Bay Parkway,
Bldg. P, 1st Floor
Richmond, CA 94804-6403

LABORATORY PERSONNEL REPORT

Laboratory name	State ID number	CLIA number

Laboratory address (number, street)	City	State	ZIP code

Contact person	Telephone number ( )

EMPLOYEE NAMES			POSITION(S) HELD			TESTING IN THE FOLLOWING:									
Last Name	First Name	M.I.	Director	Testing Personnel	License or Certificate Number	MICRO	IMMUN	CHEM	HEM	IMMUNHEM	CYTO	PATH	ORALPATH	HISTCOMP	CYTOGEN

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

Signature of laboratory director	Date

THIS FORM MAY BE PHOTOCOPIED

LABORATORY PERSONNEL REPORT (Continued)

Laboratory name or ID number

INSTRUCTIONS: List all personnel (e.g., laboratory assistant, phlebotomist, etc.) who are engaged in collecting and preparing specimens but who are not responsible for test results as "testing personnel."

EMPLOYEE NAMES			HOURS		DAYS							
Last Name	First Name	M.I.	From	To	M	T	W	TH	F	SA	SU	FUNCTION

THIS FORM MAY BE PHOTOCOPIED