



REQUEST FOR FACILITIES' AND/OR PERSONNEL RECORD

<p>Requestor's information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone Number: _____</p> <p>Email Address: _____</p> <p>(Mail this request & fee to the address indicated at the bottom of this form)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Mark Your Choice</u></th> <th style="text-align: left;"><u>Fee/Copy</u></th> <th style="text-align: left;"><u>No. Of Copies</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Address List</td> <td>\$ 150</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> CD-ROM</td> <td>\$ 150</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: center;">Make check payable to: California Department of Public Health.</p> <p style="text-align: center;">Delivery is 2-3 weeks.</p>	<u>Mark Your Choice</u>	<u>Fee/Copy</u>	<u>No. Of Copies</u>	<input type="checkbox"/> Address List	\$ 150	_____	<input type="checkbox"/> CD-ROM	\$ 150	_____
<u>Mark Your Choice</u>	<u>Fee/Copy</u>	<u>No. Of Copies</u>								
<input type="checkbox"/> Address List	\$ 150	_____								
<input type="checkbox"/> CD-ROM	\$ 150	_____								

RECORD SELECTION

<p>SORTING SEQUENCE (Select One) (All Sorts Are Ascending)</p> <p><input type="checkbox"/> Name, Address</p> <p><input type="checkbox"/> License ID Number, Name, Address</p> <p><input type="checkbox"/> Zip Code, Name, Address</p> <p><input type="checkbox"/> County, City, Name, Address</p> <p><input type="checkbox"/> County, Name, Address</p>	<p>RECORD STATUS SELECTION (Select One)</p> <p><input type="checkbox"/> ACTIVE</p> <p><input type="checkbox"/> INACTIVE</p> <p><input type="checkbox"/> BOTH</p>
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SELECT FACILITIES OR PERSONNEL RECORD (SELECT ONE ONLY)

<p style="text-align: center;"><u>FACILITIES (LABORATORY) RECORDS</u></p> <p>RECORD CATEGORY (Select one)</p> <p><input type="checkbox"/> Facility (Laboratory) Names</p> <p><input type="checkbox"/> Directors Associated with Facilities (Laboratories)</p> <p><input type="checkbox"/> Owners Associated with Facilities (Laboratories)</p> <p>CERTIFICATE TYPE (Select One)</p> <p><input type="checkbox"/> State Licensed Facilities (Compliance, Accredited, Public Health, Out-Of-State)</p> <p><input type="checkbox"/> State Registered Facilities (PPMP, Waived)</p> <p><input type="checkbox"/> Non-State Licensed/Registered Facilities</p>	<p style="text-align: center;"><u>PERSONNEL (OCCUPATIONAL) RECORDS</u></p> <p>LICENSE TYPE LEVELS (Select Your Choice)</p> <p><input type="checkbox"/> Director Level</p> <p><input type="checkbox"/> Clinical Laboratory Scientist</p> <p><input type="checkbox"/> Phlebotomy</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> Trainee</p> <p style="text-align: center;">(Available on CD-ROM only)</p>
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GEOGRAPHICAL LIMIT (Select Zip Code or County)

Zip Code Limit (Enter a single zip code or a range), FROM _____ THROUGH _____,

(California range: 90000 through 96699)

COUNTY LIMIT (Select no more than 20)

<input type="checkbox"/> 01 Alameda <input type="checkbox"/> 02 Alpine <input type="checkbox"/> 03 Amador <input type="checkbox"/> 04 Butte <input type="checkbox"/> 05 Calaveras <input type="checkbox"/> 06 Colusa <input type="checkbox"/> 07 Contra Costa <input type="checkbox"/> 08 Del Norte <input type="checkbox"/> 09 El Dorado <input type="checkbox"/> 10 Fresno	<input type="checkbox"/> 11 Glenn <input type="checkbox"/> 12 Humboldt <input type="checkbox"/> 13 Imperial <input type="checkbox"/> 14 Inyo <input type="checkbox"/> 15 Kern <input type="checkbox"/> 16 Kings <input type="checkbox"/> 17 Lake <input type="checkbox"/> 18 Lassen <input type="checkbox"/> 19 Los Angeles <input type="checkbox"/> 20 Madera	<input type="checkbox"/> 21 Marin <input type="checkbox"/> 22 Mariposa <input type="checkbox"/> 23 Mendocino <input type="checkbox"/> 24 Merced <input type="checkbox"/> 25 Modoc <input type="checkbox"/> 26 Mono <input type="checkbox"/> 27 Monterey <input type="checkbox"/> 28 Napa <input type="checkbox"/> 29 Nevada <input type="checkbox"/> 30 Orange	<input type="checkbox"/> 31 Placer <input type="checkbox"/> 32 Plumas <input type="checkbox"/> 33 Riverside <input type="checkbox"/> 34 Sacramento <input type="checkbox"/> 35 San Benito <input type="checkbox"/> 36 San Bernardino <input type="checkbox"/> 37 San Diego <input type="checkbox"/> 38 San Francisco <input type="checkbox"/> 39 San Joaquin <input type="checkbox"/> 40 San Luis Obispo	<input type="checkbox"/> 41 San Mateo <input type="checkbox"/> 42 Santa Barbara <input type="checkbox"/> 43 Santa Clara <input type="checkbox"/> 44 Santa Cruz <input type="checkbox"/> 45 Shasta <input type="checkbox"/> 46 Sierra <input type="checkbox"/> 47 Siskiyou <input type="checkbox"/> 48 Solano <input type="checkbox"/> 49 Sonoma <input type="checkbox"/> 50 Stanislaus	<input type="checkbox"/> 51 Sutter <input type="checkbox"/> 52 Tehama <input type="checkbox"/> 53 Trinity <input type="checkbox"/> 54 Tulare <input type="checkbox"/> 55 Tuolumne <input type="checkbox"/> 56 Ventura <input type="checkbox"/> 57 Yolo <input type="checkbox"/> 58 Yuba <input type="checkbox"/> 98 Out of State <input type="checkbox"/> 99 Out of Country
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Mail request & fee to: Laboratory Field Services 850 Marina Bay Parkway, Bldg P, 1st Fl., Richmond, CA 94804-6403

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