

## APPLICATION FOR ADDITIONAL CLINICAL LABORATORY TESTING SITES--FORM B

List primary clinical laboratory and all additional clinical laboratory testing sites.

Return Form B with form LAB 144 to:            California Department of Public Health  
 LABORATORY FIELD SERVICES  
 850 Marina Bay Parkway, Bldg. P, 1st Floor  
 Richmond, CA 94804-6403

<b>PRIMARY SITE</b>	California ID number	
Laboratory name	CLIA number	
Laboratory location (number including room or suite number, street)	Telephone number (     )	
City	State	ZIP code

<b>ADDITIONAL SITE</b>		
Laboratory name	Telephone number (     )	
Laboratory location (number including room or suite number, street)		
City	State	ZIP code

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Laboratory location (number including room or suite number, street)		
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*THIS FORM MAY BE PHOTOCOPIED*