

APPLICATION FOR RENEWAL CLINICAL LABORATORY REGISTRATION

Refer to California Business and Professions Code, Division 2, Chapter 3

YOU NOW HAVE **2** OPTIONS TO RENEW:



▶ **ONLINE Instructions:** cdph.ca.gov/OnlineLabRenew



▶ **MAIL-IN Instructions:** cdph.ca.gov/MailinLabApp

Please note: Choose one method only (online or mail-in) when submitting your renewal application to avoid delays. For more information, go to the links provided on this form or contact us at (510) 620-3800 or email: LFScc@cdph.ca.gov

State ID:

Expiration Date:

Current Tax ID:

CLIA ID:

Total Number of Secondary Sites to Renew: *(Attach LAB 144B to update secondary site information.)*

Name of Laboratory:

Legal Name of Corporation, district, or association owning laboratory (DBA):
(Submit fictitious name permit, provide name of locality where permit is filed)

Physical Address:

Number, Street:

Room/suite:

City: State: Zip Code:

Testing Site Contact Person:

Testing Site Email:

Testing Site Phone:

Mailing Address:

Number, Street:

Room/suite:

City: State: Zip Code:

Business Contact Person:

Business Email:

Business Phone:

TYPE OF CERTIFICATE:

Certificate of Waiver

PPMP (Provider-Performed Microscopy Procedures)

LABORATORY OVERSIGHT:

STATE OVERSIGHT

DEEMED STATUS* with the accrediting organization approved by the CDPH:

AAHHS/HFAP

AABB

CAP

COLA

TJC

**Submit proof of enrollment or a copy of the current certificate of accreditation.*

OWNERSHIP

Sole Proprietorship

NonProfit (*Submit proof*)

Other (specify):

Limited Partnership (LP)

District

General Partnership (GP)

City

Limited Liability Partnership (LLP)

County

Corporation

State

Limited Liability Companies

Federal Government

Unincorporated Association

Public Health

% Owned:

Name (Individual / Company):

Role:

Tax ID:

(Use supplementary sheets if necessary and use the same format.)

LABORATORY DIRECTOR

**hrs/wk
on site:**

*Name of Laboratory Director
(First, Initial, Last):*

**License
Number:**

**License
Type:**

**Association
Date:**

(Use supplementary sheets if necessary and use the same format.)

This statement must be signed by the owner or a person legally authorized to bind the owner, and the laboratory director.

I declare that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Laboratory Director:

Print Name:

Date:

Signature of Owner or Authorized Rep:

Print Name:

Date: