NONDIAGNOSTIC GENERAL HEALTH ASSESSMENT: PROGRAM REGISTRATION FORM

Kings County Public Health Laboratory

460 Kings County Drive, Ste. 101, Hanford CA 93230 -- (559) 584-1401 FAX:(559)-584-1376

Complete this form for initial registration of a program. This registration form must be completed and received by at least 30 days prior to operating a program of non-diagnostic general health assessment. Complete a "Site Registration" form for each site where testing is to be performed.

PART 1: ADMINISTRATION:

A. NAME OF ORGANIZATION OR OPERATOR: _____

Address: _____

_____

Zip code: _____

Business phone: ( ) _____ **Fax:** ( ) _____

Contact Person: _____

Email: _____

B. NAME OF OWNER: _____

Address: _____

_____

Zip code: _____

Business phone: ( ) _____ **Fax:** ( ) _____

C. SUPERVISORY COMMITTEE MEMBERSHIP: (PROVIDE COPIES OF LICENSES/CERTIFICATES)

Name of physician: _____

Address: _____

_____

_____ **Zip code:** _____

Telephone: ( ) _____

California medical license number: _____ **Exp. date** _____

Name of laboratory technologist: _____

Address: _____

_____ **Zip code:** _____

Telephone: ( ) _____

California clinical laboratory technologist license # _____ Exp. Date: _____

D. CLIA IDENTIFICATION NUMBER: (PROVIDE COPY OF CERTIFICATE) _____ Exp Date: _____

PART 2: ASSESSMENT PROGRAM

A. TESTING PROGRAM: ☐ **Single site** (one location only)
☐ **Multiple sites** (mobile locations)

B. TYPE OR KIND OF NONDIAGNOSTIC HEALTH ASSESSMENTS BEING CONDUCTED.

( ) **Total cholesterol** ( ) **High-density lipoproteins (HDL)** ( ) **Low-density lipoproteins (LDL)**

( ) **Triglycerides** ( ) **Blood Glucose** ( ) **Occult blood**

Other, specify: _____

C. TYPE AND MANUFACTURER OF TESTING EQUIPMENT TO BE USED.

Name of Equipment	Manufacturer

D. TYPE & MANUFACTURER OF FINGER STICK LANCET: **(Please attach blood collection & medical waste procedures)**

_____ _____

☐ **Disposable** ☐ **Multiple Use**

PART 3:

Name of person requesting registration: _____

Address if different than above: _____

Zip code: _____

Business phone: ( ) _____ **Fax:** ( ) _____

I certify that the above information is accurate and complete and that I am aware of the laws and regulations that apply to nondiagnostic testing in the State of California and in the County in which testing is to be performed.

_____ _____

Signature of Applicant **Date of application**

FOR OFFICIAL USE ONLY

Reviewed by: _____ **Date:** _____

Registration number: _____ **Date issued:** _____

Expiration Date: _____