

COVID-19 TEMPORARY TESTING SITE APPLICATION

This application is for California state licensed clinical laboratories that are authorized to perform moderate or high complexity testing but are seeking temporary approval to add a site or sites specifically for COVID-19 testing during the state of emergency response effort.

Please note that the testing personnel that are authorized in this application to perform COVID-19 testing may not meet additional requirements to perform tests other than COVID-19.

Upon inspection, be prepared to provide documentation for verification of the qualifications of each authorized testing personnel in this application.

This approval is only for the duration of this emergency. The primary site must notify LFS within 10 days when the temporary testing location is no longer performing COVID-19 testing for California specimens.

LAB 140 form has been removed while
Laboratory Field Services re-evaluates criteria
for temporary testing sites.

Contact us for more information:
LFSCOVID@cdph.ca.gov

SECTION 1:

PRIMARY LABORATORY TESTING SITE INFORMATION

SITE NAME:

STATE ID:

CLIA ID:

NAME OF LABORATORY DIRECTOR:

SECTION 2:

PRIMARY TESTING SITE CONTACT INFORMATION

EMAIL ADDRESS:

PHONE NUMBER:

PHYSICAL ADDRESS:

(Number, Street)

(Bldg., Suite, Room, Attention)

City

State

Zip Code

MAILING ADDRESS:

(Number, Street)

Same as physical address.

(Bldg., Suite, Room, Attention)

City

State

Zip Code