



Public Health Laboratory

NON-DIAGNOSTIC GENERAL HEALTH ASSESSMENT APPLICATION July 1, 2026 through June 30, 2027

This registration form must be completed and received by the San Bernardino County Public Health Laboratory *at least 30 days* prior to operation of a program of non-diagnostic general health assessment (NGHA).

ADMINISTRATION

A. Name of Organization or Operator: _____

Permanent Address: _____

Business Phone: () _____ City _____ ZIP Code _____

CLIA #: _____ Exp.: _____
Submit a copy of the certificate with the application

CA CLR #: _____ Exp.: _____
Submit a copy of the certificate with the application

B. Name of Owner: _____

Address (if different than above): _____

Business Phone: () _____ City _____ ZIP Code _____

C. Supervisory Committee Members

Name of Physician: _____

Address: _____

Business Phone: () _____ City _____ ZIP Code _____

CA Medical License #: _____ Exp.: _____
Submit a copy of the license with the application

Name of Clinical Laboratory Scientist: _____

Address: _____

Business Phone: () _____ City _____ ZIP Code _____

CA Clinical Laboratory Scientist License #: _____ Exp.: _____
Submit a copy of the certificate with the application

D. Record Storage:

All operators must have a permanent address where records of testing and protocols shall be stored for the purpose of review for at least one year after testing has been completed. The Public Health laboratory must be notified in writing within 30 days of any change in record storage.

Record Storage Address: _____

COMPLIANCE

- A. This assessment program must be operated per Section 1244 of the California Business and Professions Code. Please answer each of the following questions. To comply with current California law, you must be able to answer yes to all questions, and supportive documentation must be submitted with this application.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | This program will be a non-diagnostic health assessment program (NGHA), whose purpose will be to refer individuals to licensed sources of care as indicated. |
| ☐ | ☐ | This program will utilize only those devices that comply with all the following: <ul style="list-style-type: none">A. Meet applicable state and federal performance standards pursuant to Section 26605 of the Health and Safety Code.B. Are not adulterated as specified in Article 2 (commencing with Section 26610) of Chapter 6 of Division 21 of the Health and Safety Code.C. Are not misbranded as specified in Article 3 (commencing with Section 26630) of Chapter 6 of Division 21 of the Health and Safety Code.D. Are not new devices unless they meet the requirements of Section 26670 of the Health and Safety Code. |
| ☐ | ☐ | This program maintains a supervisory committee consisting of at minimum a California Licensed physician and surgeon and a Laboratory Clinical Scientist licensed pursuant to the California Business and Professions Code. |
| ☐ | ☐ | The supervisory committee for the program has adopted written protocols, which shall be followed in the program. (Include a copy of your written protocols with this application.) |
| ☐ | ☐ | The protocols contain provisions of written information to individuals to be assessed. (Include a copy of all written information provided to individuals in this program.) |
| ☐ | ☐ | Written information to individuals includes the potential risks and benefits of assessment procedures in the program. |
| ☐ | ☐ | Written information includes the limitations of assessment examinations of biological specimens performed in the program, including the non-diagnostic nature. |
| ☐ | ☐ | Written information includes information regarding the risk factors or markers targeted by the program. |
| ☐ | ☐ | Written information includes the need for follow-up with licensed sources of care for confirmation, diagnosis, and treatment as appropriate. |
| ☐ | ☐ | Written protocols contain the proper use of each device utilized in the program. Protocols must include the operation of analyzers, maintenance of equipment and supplies, and performance of quality control procedures, including the determination of both accuracy and reproducibility of measurements in accordance with instructions provided by the manufacturer of the assessment device used. |
| ☐ | ☐ | Written protocols contain the proper procedures for drawing blood and obtaining blood specimens. |
| ☐ | ☐ | Written protocols contain procedures to be employed in handling and disposing of all biological specimens to be obtained and material contaminated by biological specimens. |
| ☐ | ☐ | Written protocols contain proper procedures to be employed in response to fainting, excessive bleeding, or other medical emergencies. |
| ☐ | ☐ | Written protocols contain procedures for reporting assessment results to the assessed individual (Please attach a copy of your report form). |
| ☐ | ☐ | Written protocols contain procedures for referral and follow-up to licensed sources of care as indicated. |
| ☐ | ☐ | The written protocols adopted by the supervisory committee shall be maintained for at least one year following the completion of the assessment program during which period, they shall be subject to review by the County health officer or designee. |

B. If a skin puncture to obtain a blood specimen is to be performed:

YES NO

☐ ☐ The individual performing skin punctures shall be authorized to do via (a) their professional scope of practice or (b) meet California phlebotomy regulations as identified in the California Business and Professions Code, Sections 1242.5, 1246 and 1282.2; California Code of Regulations, Title 17, Sections 1029.31–1029.35, 1031.4, 1031.5 and 1034; and Health and Safety Code, Section 120580 and possess a current phlebotomy license issued by the California Department of Public Health, Laboratory Field Services Program. (Documentation must be submitted with this application.)

☐ ☐ It is understood that “skin puncture” as related to this program means the collection of a blood specimen by the finger stick method only and does not include venipuncture, arterial puncture or any other procedure for obtaining a blood specimen.

Certification

A legible copy of the testing organization’s registration certificate must be posted during the operation of a non-diagnostic general health assessment program.

Name of Person Requesting License: _____

Contact Person Email Address: _____

Address (if different than above): _____

City 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 non-diagnostic testing in the State of California and in San Bernardino County, where testing is to be performed.

Applicant’s Signature

Date of Application

FOR OFFICIAL USE ONLY

Application Received:	Reviewed by:
Payment Received:	Check #:
Facility Registration Number:	Certificate Mailed:
Approved:	Health Officer Designee Signature: