

Ohio Department of Health
Application for Clinical Lead Laboratory Approval
 Ohio Administrative Code Chapter 3701-82

- Application typed or printed legibly in ink, shall be mailed to Ohio Department of Health, Accounts Receivable, PO Box 15278, Columbus, OH 43215.
- Attach check or money order in the amount of Three Hundred Dollars (\$300.00), made payable to Treasurer, State of Ohio.

Application Type – Check only one <input type="checkbox"/> Initial <input type="checkbox"/> Renewal – Approval # _____		
1. Company Name	2. CLIA ID #	3. Federal Tax ID #
4. Contact Person	5. Title	
6. Address		
7. City	8. State	9. ZIP
10. Telephone Number ()	11. Fax Number ()	12. E-mail

Important

Make sure you have completed all sections of the form and have included payment. Applications that are incomplete or contain errors will result in delay in the processing of your application and issuance of your laboratory approval.

All information requested on this form is **mandatory** for the administration and processing of your application pursuant to rule 3701-82-02 of the Ohio Administrative Code. All application documents regarded as public records will be subject to disclosure.

Certification

I certify that all information contained herein this application, including any supplements attached hereto, is true and correct.

- I acknowledge that this laboratory must forward a copy of the blood lead Proficiency Testing results to the Ohio Department of Health, Division of Quality Assurance within 5 days of receipt.
- I acknowledge that this laboratory must comply with Rules 3701-30-05, 3701-32-14 and 3701-82-02 of the Ohio Administrative Code which require patient blood lead results to be reported electronically to the Ohio Department of Health Healthy Homes Program within seven days.

Applicant Signature

Date

For Office Use Only

Receipt #:	Approved by & date:
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