

NGHA Application Checklist

Organization: _____

Date: _____

Yes/No	Item	Notes
	A completed application	
	Supervisory Committee	
	Record storage address	
	Dates and hours of operation	
	Type of testing with equipment/manufacturer	
	List of Employees	
	Compliance section acceptable	
	\$100 Fee check made out to County of Humboldt	
	Signature	
	CLIA Certificate	
	Clinical laboratory scientist current license	
	Physician's current medical license	
	Certificates for all staff in instrument training and fingerstick	
	Policies and procedures manual containing biohazard/medical waste disposal plan	
	Quality control and quality assurance plans with supporting QC and QA logs	
	Emergency medical plan	
	Instrument procedure manual for each analyte	
	Patient education & referral information sheets.	

Laboratory Director: _____

Date: _____

Health Officer: _____

Date: _____