COUNTY OF LOS ANGELES
Public Health

CLIENT ACCOUNT INFORMATION

GENERAL

Institution Name:	Main Phone #:
Main Address:	Business Fax #:
Clinic Address: (Attach separate sheet for additional locations)	
Days of Operation:	Hours of Operation:

Institution Type:

☐ County clinic/hospital ☐ CBO ☐ DHSP CBO ☐ My Health LA ☐ Academic ☐ Other _____

CONTACTS

Primary Contact for Testing Inquiries:	Title:
Phone #:	Email:
Secondary Contact for Testing Inquiries:	Title:
Phone #:	Email:
Medical Director Name:	Title:
Phone #:	Email:
Authorized Official Name:	Title:
Phone #:	Email:

BILLING

Billing Contact Name:	Title:
Phone #:	Email:
Billing Address:	

Public Health Laboratories
12750 Erickson Avenue, Downey, CA 90242
TEL 562.658.1330 • FAX 562.401.5999 • www.publichealth.lacounty.gov/lab

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ADDITIONAL CLINIC LOCATIONS

Clinic Name:		
Address:		
Phone #:	Days of Operation:	Hours of Operation:
Clinic Name:		
Address:		
Phone #:	Days of Operation:	Hours of Operation:
Clinic Name:		
Address:		
Phone #:	Days of Operation:	Hours of Operation:
Clinic Name:		
Address:		
Phone #:	Days of Operation:	Hours of Operation:
Clinic Name:		
Address:		
Phone #:	Days of Operation:	Hours of Operation:

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