



# LICENSED LABORATORY REQUEST FOR OFF-SITE TESTING APPLICATION

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NEVADA STATE HEALTH DIVISION  
Bureau of Health Care Quality and Compliance  
727 Fairview Drive, Suite E  
Carson City, Nevada 89701  
Phone: (775) 684-1030 Fax: (775) 684-1075  
[http://www.health.nv.gov/HCQC\\_Medical.htm](http://www.health.nv.gov/HCQC_Medical.htm)

This application must be accompanied by a check for \$300.00 per event made payable to the Nevada State Treasurer. Under Nevada Administrative Code (NAC) 652.488 the fee is nonrefundable. Insufficient funds charge: \$25.00 per NAC 353C.400. Regulations may be viewed at <http://leg.state.nv.us>.

**REQUEST FOR LICENSING OF HEALTH FAIRS AND OTHER HEALTH RELATED SPECIAL EVENTS MUST BE RECEIVED BY THIS OFFICE **NO LATER THAN (10) CALENDAR DAYS** PRIOR TO INTIAL DATE OF TESTING.**

**The fee for licensure is \$300.00 per application. One application per event location.**

## LABORATORY INFORMATION

Licensed Laboratory Name and License #
Phone Number (starting with the area code)
Address
City
County
State
Zip Code
Name of Licensed Laboratory Director

## OFF-SITE TESTING INFORMATION

Date/Time:
Location
Address
City
County
Test(s) to be performed
Name of general supervisor on site
Name of technologist(s)/technician(s)/assistant(s) performing off-site testing (attach list if necessary)

### **MUST BE NOTARIZED BELOW**

<b>Lab Physician/Director's Signature</b>	_____		
	Please <b>PRINT and SIGN</b> Name Must be an <b>ORIGINAL</b> : photocopies or signature stamps are not acceptable.		
<b>Name and Signature of Notary:</b>	_____	<b>Date:</b>	_____
<b>State of:</b>	_____	<b>County of:</b>	_____
<b>Subscribed and sworn before me this:</b>	_____	<b>Day of:</b>	_____

<u>For Official Use Only:</u>