

California Child Health and Disability Prevention (CHDP) Program LABORATORY PROVIDER PROGRAM AGREEMENT

I, the undersigned, agree as a Laboratory Provider in the CHDP Program to the following:

1. To comply with established CHDP laws and regulations and maintain up-to-date resource materials related to the provision of CHDP services according to program standards.
2. To maintain active Medi-Cal provider enrollment and an up-to-date Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate.
3. To inform the local CHDP Program in writing of any changes in ownership, provider name or status, laboratory site address, telephone, or Medi-Cal provider number, and if at all possible, 30 days in advance of the change.
4. To provide and document the following CHDP laboratory tests that have been completed at an approved laboratory site:
 - ⦿ Analysis of blood lead specimen if the laboratory is approved as proficient in blood lead analysis by the California Blood Lead Proficiency Assurance Program of the Environmental Health Laboratory Branch of the Department of Health Care Services
 - ⦿ Hematocrit and/or hemoglobin
 - ⦿ Routine urinalysis
 - ⦿ Sickle cell electrophoresis
 - ⦿ PAP smear
 - ⦿ Gonorrhea tests
 - ⦿ Chlamydia tests
 - ⦿ VDRL, RPR, or ART
 - ⦿ Ova/parasites
5. To refer specimens to other laboratories when proficiency testing has failed.
6. To refer families and/or patients to their health care provider for the results of the tests.
7. To participate in training from the local CHDP Program when applicable.
8. To provide requested documents to the local CHDP Program so that the Program can meet its federal requirements to provide support services to children with suspected problems.

I declare under penalty of perjury under the laws of the State of California that all information and attachments are true, accurate, and complete to the best of my knowledge and belief.

Laboratory Director name (please print)	Title
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Signature (SIGN IN BLUE INK)	Date
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Laboratory Owner name (please print)	Title
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Signature (SIGN IN BLUE INK)	Date
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