

Laboratory Test Volume and Specialty Report

Please complete for each CLIA number. Hold for Joint Commission laboratory surveyor and attach copy of the CLIA certificate.

DO NOT SEND THIS FORM TO THE JOINT COMMISSION.

CLIA # _____

Name of lab on CLIA certificate: _____

Address: _____

City: _____ State: _____

Waived and/or PPMP Testing Only

Laboratory/CLIA # performs waived testing only *YES ___ NO ___

Laboratory/CLIA # performs PPMP testing only *YES ___ NO ___

If *YES, do not check specialty(ies)/subspecialty(ies) and annual test volume. Obtain signature of lab director.

Assisted Reproductive Technology Services

Laboratory performs in vitro fertilization (embryology) procedures YES ___ NO ___

Non - Waived Testing Services

If you perform testing other than or in addition to waived/PPMP tests, complete the information below.

Place a check in the box preceding each specialty/subspecialty in which the laboratory performs testing. Enter the total annual **test** volume. Do not include testing not subject to CLIA, waived tests, or tests run for quality control, calculations, quality assurance or proficiency testing. Do check applicable specialty(ies)/subspecialty(ies) for PPMP testing and include volume. Obtain signature of lab director. Additional guidelines for determining test volume can be found at www.jointcommission.org/ by selecting Accreditation Programs, Laboratory Services, Accreditation Process, Forms and Tools, Guidelines for Counting Tests for CLIA.

Joint Commission survey is to be used to meet CLIA requirements YES ___ NO ___

Specialty/Subspecialty	Annual Test Volume
Histocompatibility <input type="checkbox"/> Transplant <input type="checkbox"/> Non-transplant	
Microbiology <input type="checkbox"/> Bacteriology (includes strep screens, gram stains, etc.) <input type="checkbox"/> Mycobacteriology (includes TB cultures and smears) <input type="checkbox"/> Mycology (includes KOH, dermatophyte tests) <input type="checkbox"/> Parasitology (includes wet preps) <input type="checkbox"/> Virology (includes RSV, Influenza A/B)	
Diagnostic Immunology <input type="checkbox"/> Syphilis Serology (includes RPR) <input type="checkbox"/> General Immunology (includes HIV, rheumatoid arthritis, mono testing)	
Chemistry <input type="checkbox"/> Routine Chemistry (includes blood gases) <input type="checkbox"/> Urinalysis <input type="checkbox"/> Endocrinology (includes serum HCG, TSH, T4, etc.) <input type="checkbox"/> Toxicology (includes drugs of abuse and therapeutic drugs)	
<input type="checkbox"/> Hematology (includes hemoglobin by co-oximetry, sperm cell analysis, wbc differential, coagulation)	
Immunohematology <input type="checkbox"/> ABO Group & Rh <input type="checkbox"/> Antibody detection (transfusion) <input type="checkbox"/> Antibody detection (non-transfusion) e.g. prenatal <input type="checkbox"/> Antibody Identification <input type="checkbox"/> Compatibility Testing	
Pathology <input type="checkbox"/> Histopathology (includes frozen sections and dermatopathology) <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Cytology (GYN & Non-GYN)	
<input type="checkbox"/> Radiobioassay (includes red cell volume, Schilling's test)	
<input type="checkbox"/> Clinical Cytogenetics	

Total Annual Test Volume: _____

Lab Director Signature/Date: _____