

Clinical Laboratory Program

99 Chauncy Street, 2nd Floor, Boston, MA 02111
(617) 753-8439/8438 (617) 753-8240 - Fax

COLLECTION STATIONS / PATIENT SERVICE CENTERS

Notification Form for Blood Collection Stations (fax or send to the address above)

The regulations relating to Blood Collection Stations can be found in the "Rules and Regulations Relating to the Operation, Approval and Licensing of Clinical Laboratories (105 CMR 180.000)".

DEFINITION: A facility where materials or specimens are either withdrawn or collected from patients or assembled after being withdrawn or collected elsewhere from patients for subsequent delivery to a clinical laboratory for examination. A collection station is a facility which is maintained at a separate physical location, not on the grounds or premises of the main licensed laboratory or institution which performs the testing.

MAIN LABORATORY FACILITY INFORMATION

Laboratory Name: _____

Address: _____
Street City State Zip code

Telephone: _____ Contact Person: _____

Facility #: _____ CLIA #: _____

TYPE OF ACTION: Check off the appropriate boxes and complete the form.

Form with two columns: [] New Collection station [complete information below] Anticipated Opening Date: ___/___/___ and [] RELOCATION [complete information below] Anticipated Relocation Date: ___/___/___

COLLECTION STATION INFORMATION (COMPLETE FOR NEW FACILITY AS WELL AS RELOCATION)

Location: _____
if applicable [ex. building, physician office, clinic] - include room / suite #

Address: _____
Street City State Zip code

Relocating from: _____
Street City State Zip code

Telephone: _____ Contact Person: _____

Days/Hours of Operation: _____

Form with a box containing: [] COLLECTION STATION CLOSURE* Effective Date: ___/___/___, Location of Records: _____, Person Responsible for Records: _____, and a footnote: *Please attach the original approval certificate to this form and send back to the State Agency when closing a collection station