LIST OF LABORATORY TEST PERFORMED ON-SITE

FACILITY: _____ DATE: _____

CLIA #: _____ FACILITY # _____

Please refer to the enclosed guidelines for counting tests before completing this form.

TEST	INSTRUMENT/KIT	Test Complexity High, Moderate, Waived	Check off any new method or instrument implemented since last survey and indicate	ANNUAL VOLUME	Calibration Verification
EXAMPLE Glucose	Beckman Synchron CX3	M	☒ 12/1/05	2,376	Do Not complete
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