**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Definition: A facility where materials or specimens are either withdrawn or collected from patients or assembled after being withdrawn or collected elsewhere from patients for subsequent delivery to a clinical laboratory for examination.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.**

|  |  |
| --- | --- |
| **New Collection station [complete information below]**  **Anticipated Opening Date:\_\_\_\_/\_\_\_\_/\_\_\_\_** | **RELOCATION [complete information below]**  **Anticipated Relocation Date:\_\_\_\_/\_\_\_\_/\_\_\_\_** |

**collection station information (Complete for new FACILTY 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:

|  |
| --- |
| **collection STATION closURE\*** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Location of Records:  Street City State Zip code  Person Responsible for Records:  \*Please attach the original approval certificate to this form and send back to the State Agency when closing a collection station |