

Division of Health Laboratories
Laboratory Improvement Section
2220 Old Penitentiary Road
Boise, Idaho 83712
(208)334-2235 ext 246

CLIA #

State registration #

FOR OFFICE USE ONLY

LABORATORY REGISTRATION FOR CALENDAR YEARS _____

(Return this Registration within 10 working days)

Please Print or Type

Name of Facility:		Telephone:	
Address:			
Mailing Address: (if different from above)			
City, State, Zip:			
Laboratory Director:		Contact Person:	
Technical Consultant/Supervisor (not required for waived or PPM):		Number of Testing Personnel & Types:	
		#MT	#MLT #RN
Clinical Consultant (Must be an MD or DO):		#LPN	#CMA #Other
Level of CLIA Certificate: <input type="checkbox"/> Waiver <input type="checkbox"/> Provider Performed Microscopy (PPM) <input type="checkbox"/> Certificate of Compliance (Level of certificate must match tests indicated on back of this form. If you have questions, call Laboratory Improvement Section.)			

INSTRUCTIONS FOR FILLING OUT FORM

1. All items must be completed. If you have any questions please call the Laboratory Improvement Section at (208) 334-2235 ext 246.
2. The Laboratory Director must be a person qualified under the CLIA regulations. Most physicians will qualify as the director of their office labs.
3. The Contact person should be someone familiar with the laboratory's operations and the person who we should contact with any questions we may have.
4. The technical consultant position is only required for full certificate laboratories. This person must qualify under the CLIA regulations for technical consultant.
5. The Clinical consultant must be an MD or DO who qualifies under the CLIA regulations to provide consultation to a full certificate laboratory.
6. When filling out the test list on the back, be sure to write in the name of the kit when indicated. Not all tests can be listed so be sure to write any other tests in the space provided at the bottom of the form.

TURN OVER AND FILL OUT BACK OF FORM!

Retain a copy for your records.

Please check the tests that are performed in your office or lab:

WAIVERED PROCEDURES

URINALYSIS

- Dipstick
- Specific Gravity
- Pregnancy
- Ovulation

OTHER

- Occult Blood
- Coag Whole Blood Protome
Name of Instrument:

HEMATOLOGY

- Spun Hematocrit
- Sedimentation Rate
- Hemoglobin by Hemocue

MICROBIOLOGY

- Waived Rapid Strep Kits
Name of Kit:
- Waived H. Pylori Kits
Name of Kit:

CHEMISTRY

- Blood Glucose (dipstick)
waived instrument
Name of Instrument:
- Waived Cholesterol Instruments
Name of Instrument:

IMMUNOLOGY

- Waived Mononucleosis Kits
Name of Kit:

PROVIDER PERFORMED MICROSCOPY

- Wet Mounts of vaginal, cervical or
skin specimens
- Pinworm preparation
- Nasal smears

- Urine sediments examinations
- KOH preparations
- Qualitative semen analysis
presence/absence & motility

- Post-coital direct qualitative
exam of vaginal or cervical
mucus
- Fern test
- Fecal leukocyte

NON WAIVED TESTING

CHEMISTRY

- Automated Instrumentation
Specify instrument name:
- Therapeutic drug monitor
Specify instrument name:

IMMUNOLOGY

- ASO
- Mononucleosis
- RA Factor
- Chlamydia
- Syphilis

IMMUNOHEMATOLOGY

- Blood Group & Rh Typing
- Rh Titers

HEMATOLOGY

- Hematocrit
Specify instrument name:
- Hemoglobin
Specify instrument name:
- Complete blood cell count (CBC)
Specify instrument name:

COAGULATION

- Prothrombin time
Specify instrument name:

MICROBIOLOGY

- Direct Gram stain
- Rapid Strep (non-waived)
- Throat Culture Screen for Beta
Hemolytic Strep
- Growth / No Growth for Urine
Screen
- Screen and Colony Counts for
Urine Infections
- Gonorrhea Culture
- Sensitivity (Urine & Other)
- Parasitology
- Mycology (Fungus)

Name of proficiency testing program(s) used by the laboratory: (Not required for waived testing)

List or describe any other tests performed not mentioned above: