

ADDITIONAL TESTING SITES (FOR MULTIPLE SITES)

Instructions: List the primary site and its testing sites. Mark the appropriate check boxes.
Use a blank copy for more sites. All active secondary sites must be renewed with the primary site.

PRIMARY SITE:
☐ Renew ☐ Update (attach LAB 193 if necessary)
CLIA ID: State ID: Facility Name: Location Address: City: State: Zip Code: Phone: Email: **Select the applicable multiple site qualification:** (Refer to BPC Section 1265 (d)1-4)

- ☐ 1. Site(s) not at a fixed location. (Note: Requires VIN below)
- ☐ 2. Type of site is either a Not-for-profit*, federal, state, or local government that engages in limited tests (not more than a combination of 15 moderately complex) *Note: Requires 501(c)(3)
- ☐ 3. All sites are within a hospital located in a contiguous buildings on the same campus and under common directorship and ownership.
- ☐ 4. All sites are located within a single street and city address and are under common ownership.

SECONDARY SITES: Note: Include -1, -2, -3, etc. (e.g. CLR-00123456-1, CLR-00123456-2, etc.)

► **State ID:** ☐ Update ☐ Add ☐ Renew ☐ Closed Effective:

Facility Name: Location Address: City: State: Zip Code: VIN (if applicable): Email: Phone:

► **State ID:** ☐ Update ☐ Add ☐ Renew ☐ Closed Effective:

Facility Name: Location Address: City: State: Zip Code: VIN (if applicable): Email: Phone:

► **State ID:** ☐ Update ☐ Add ☐ Renew ☐ Closed Effective:

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