

**LABORATORY TESTING DECLARATION**

Name of laboratory (as listed on CLIA certificate)	Laboratory location	CLIA number
--	---------------------	-------------

Check and name all tests (by manufacturer and equipment) which are performed in your laboratory and indicate the annual volume of tests performed by subspecialty. Attach separate page if additional space is needed.

☐ Waived tests only

☐ Physician performed microscopy procedures only

010 Histocompatibility \_\_\_\_\_  
Annual Volume \_\_\_\_\_

## 110 Bacteriology

- ☐ Gram stain \_\_\_\_\_  
☐ Direct antigen \_\_\_\_\_  
☐ Limited identification \_\_\_\_\_  
     ☐ Throat \_\_\_\_\_  
     ☐ Urine \_\_\_\_\_  
     ☐ G.C. \_\_\_\_\_  
☐ ID genus and species \_\_\_\_\_  
☐ Susceptibility testing \_\_\_\_\_  
☐ C. difficile Ag \_\_\_\_\_  
☐ Molecular diagnostics \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 115 Mycobacteriology

- ☐ Acid fast stain \_\_\_\_\_  
☐ ID acid fast \_\_\_\_\_  
☐ ID and/or susceptibility for M.T.B. \_\_\_\_\_  
☐ ID and susceptibility for all acid fast \_\_\_\_\_  
☐ Molecular diagnostics \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 120 Mycology

- ☐ ID yeast and/or dermatophytes \_\_\_\_\_  
☐ ID genus \_\_\_\_\_  
☐ ID genus and species \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 130 Parasitology

- ☐ Wet mounts and/or pinworms preparation \_\_\_\_\_  
☐ ID conc. and/or stain \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 140 Virology

- ☐ Direct antigen \_\_\_\_\_  
☐ ID \_\_\_\_\_  
☐ Molecular diagnostics \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 210 Syphilis serology

- ☐ FTA-ABS \_\_\_\_\_  
☐ RPR \_\_\_\_\_  
☐ RST \_\_\_\_\_  
☐ VDRL \_\_\_\_\_  
☐ MHA-TP \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 220 General immunology

- ☐ Alpha-1 antitrypsin \_\_\_\_\_  
☐ Alpha-fetoprotein \_\_\_\_\_  
☐ Antihuman immunodeficiency virus (HIV) \_\_\_\_\_  
☐ Antinuclear antibody \_\_\_\_\_  
☐ Antistreptolysin O \_\_\_\_\_  
☐ Complement C3 \_\_\_\_\_  
☐ Complement C4 \_\_\_\_\_  
☐ CRP \_\_\_\_\_  
☐ Hepatitis A antibody \_\_\_\_\_  
☐ Hepatitis B core Ab \_\_\_\_\_  
☐ HBsAb \_\_\_\_\_  
☐ HBsAg \_\_\_\_\_  
☐ HBeAg \_\_\_\_\_  
☐ Hepatitis C Ab \_\_\_\_\_  
☐ H. pylori Ab \_\_\_\_\_  
☐ IgA \_\_\_\_\_  
☐ IgE \_\_\_\_\_  
☐ IgG \_\_\_\_\_  
☐ IgM \_\_\_\_\_  
☐ Infectious mononucleosis \_\_\_\_\_  
☐ Rheumatoid factor \_\_\_\_\_  
☐ Rubella \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 310 Routine chemistry

- ☐ Alanine aminotransferase (ALT/SGPT) \_\_\_\_\_  
☐ Albumin \_\_\_\_\_  
☐ Alkaline phosphatase \_\_\_\_\_  
☐ Ammonia \_\_\_\_\_  
☐ Amylase \_\_\_\_\_  
☐ Aspartate aminotransferase (AST/SGOT) \_\_\_\_\_  
☐ Bilirubin, total \_\_\_\_\_  
☐ Blood gases: ☐ pH ☐ pCO<sub>2</sub> ☐ pO<sub>2</sub> \_\_\_\_\_  
☐ Calcium \_\_\_\_\_  
☐ CEA \_\_\_\_\_  
☐ Chloride \_\_\_\_\_  
☐ Cholesterol, high density lipoprotein (HDL) \_\_\_\_\_  
☐ Cholesterol, total \_\_\_\_\_  
☐ CO<sub>2</sub> \_\_\_\_\_  
☐ Creatine kinase \_\_\_\_\_  
☐ Creatine kinase, iso and CKMB \_\_\_\_\_  
☐ Creatinine \_\_\_\_\_  
☐ Cryoglobulin \_\_\_\_\_  
☐ Ferritin \_\_\_\_\_  
☐ Folate \_\_\_\_\_  
☐ Gamma GT \_\_\_\_\_  
☐ Glucose, serum \_\_\_\_\_  
☐ Glucose, whole blood \_\_\_\_\_  
☐ Iron, total \_\_\_\_\_  
☐ TIBC \_\_\_\_\_  
☐ Lactate dehydrogenase (LDH) \_\_\_\_\_  
☐ LDH isoenzymes \_\_\_\_\_  
☐ Lactic acid \_\_\_\_\_  
☐ Magnesium \_\_\_\_\_  
☐ Osmolality \_\_\_\_\_  
☐ Phosphorus \_\_\_\_\_  
☐ Potassium \_\_\_\_\_  
☐ PSA \_\_\_\_\_  
☐ Sodium \_\_\_\_\_  
☐ Total protein \_\_\_\_\_  
☐ Triglycerides \_\_\_\_\_  
☐ Troponin—1 \_\_\_\_\_  
☐ Urea nitrogen \_\_\_\_\_  
☐ Uric acid \_\_\_\_\_  
☐ Vitamin B-12 \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 320 Urinalysis

- ☐ Dipsticks \_\_\_\_\_  
☐ Microscopy \_\_\_\_\_

Annual Volume \_\_\_\_\_

## 330 Endocrinology

- ☐ Cortisol \_\_\_\_\_  
☐ Estradiol \_\_\_\_\_  
☐ Estriol \_\_\_\_\_  
☐ Free thyroxine (free T-4) \_\_\_\_\_  
☐ FSH \_\_\_\_\_  
☐ Human chorionic gonadotrophin, serum (HCG) \_\_\_\_\_  
☐ Human chorionic gonadotrophin, urine (HCG) \_\_\_\_\_  
☐ LH \_\_\_\_\_  
☐ Progesterone \_\_\_\_\_  
☐ Prolactin \_\_\_\_\_  
☐ Testosterone \_\_\_\_\_  
☐ Thyroid-stimulating hormone (TSH) \_\_\_\_\_  
☐ Thyroxine (T-4) \_\_\_\_\_  
☐ Triiodothyronine (T-3) \_\_\_\_\_  
☐ T-3 uptake \_\_\_\_\_

Annual Volume \_\_\_\_\_

340 Toxicology

☐ Acetaminophen \_\_\_\_\_

☐ Alcohol, blood \_\_\_\_\_

☐ Amikacin \_\_\_\_\_

☐ Blood lead \_\_\_\_\_

☐ Carbamazepine \_\_\_\_\_

☐ Digoxin \_\_\_\_\_

☐ Drug screen \_\_\_\_\_

☐ Drug confirmation \_\_\_\_\_

☐ Ethosuximide \_\_\_\_\_

☐ Gentamicin \_\_\_\_\_

☐ Lidocaine \_\_\_\_\_

☐ Lithium \_\_\_\_\_

☐ Phenobarbital \_\_\_\_\_

☐ Phenytoin \_\_\_\_\_

☐ Primidone \_\_\_\_\_

☐ Procainamide (and metabolite) \_\_\_\_\_

☐ Quinidine \_\_\_\_\_

☐ Salicylates \_\_\_\_\_

☐ Theophylline \_\_\_\_\_

☐ Tobramycin \_\_\_\_\_

☐ Valproic acid \_\_\_\_\_

Annual Volume \_\_\_\_\_

400 Hematology

☐ Erythrocyte count (RBC) \_\_\_\_\_

☐ Hematocrit \_\_\_\_\_

☐ Hemoglobin \_\_\_\_\_

☐ Leukocyte count (WBC) \_\_\_\_\_

☐ Platelet count \_\_\_\_\_

☐ Eosinophil count \_\_\_\_\_

☐ Automated WBC differential \_\_\_\_\_

☐ Manual WBC differential \_\_\_\_\_

☐ Retic count \_\_\_\_\_

☐ Sick cell \_\_\_\_\_

☐ ACT/bleeding time \_\_\_\_\_

☐ Factor assay \_\_\_\_\_

☐ Fibrinogen \_\_\_\_\_

☐ FDP \_\_\_\_\_

☐ Partial thromboplastin time (PTT) \_\_\_\_\_

☐ Prothrombin time \_\_\_\_\_

☐ Thrombin time \_\_\_\_\_

☐ Sedimentation rate \_\_\_\_\_

☐ Semen analysis \_\_\_\_\_

☐ CSF/body fluid counts \_\_\_\_\_

Annual Volume \_\_\_\_\_

510 ABO and Rh type

☐ ABO group \_\_\_\_\_

☐ D(Rho) type \_\_\_\_\_

Annual Volume \_\_\_\_\_

520 Ab detection transfusion

☐ Unexpected antibody detection \_\_\_\_\_

Annual Volume \_\_\_\_\_

530 Ab detection nontransfusion

☐ Unexpected antibody detection \_\_\_\_\_

Annual Volume \_\_\_\_\_

540 Antibody ID

☐ Antibody identification \_\_\_\_\_

Annual Volume \_\_\_\_\_

550 Compatibility testing \_\_\_\_\_

Annual Volume \_\_\_\_\_

610 Histopathology \_\_\_\_\_

Annual Volume \_\_\_\_\_

620 Oral pathology \_\_\_\_\_

Annual Volume \_\_\_\_\_

630 Cytology \_\_\_\_\_

Annual Volume \_\_\_\_\_

800 Radiobioassay

☐ Schilling test \_\_\_\_\_

☐ Blood volume \_\_\_\_\_

Annual Volume \_\_\_\_\_

900 Clinical cytogenetics

☐ Cytogenetics \_\_\_\_\_

☐ Molecular diagnostics \_\_\_\_\_

Annual Volume \_\_\_\_\_

List all other tests performed and annual test volume.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This statement to be signed by owner or person legally authorized to bind the owner and the laboratory director.  
I declare under penalty of perjury that foregoing statements are true and correct.

Director signature	Name (typed)	Date
Owner signature	Name (typed)	Date