Any question call us at: 305-818-5940
Fax the form to: 305-819-4064 or e-mail to: info@pnsystem.com

CLIA APPLICATION (WAIVER)

RAPID STREET, GLUCOSE METER TEST, WE USE CUPS TO COLLECT SPECIMENTS FOR U/A, C&S, TUBES FOR VENIPUNCTURE AND ALL THESE ARE SENT OUT TO LAB, THE FACILITY DOESN'T OWNS GLUCOMETERS, LANCETS, STRIPS.

___ Initial ___ Re-new CLIA Number: ___ D _____

Facility: _____ Tx ID: _____

email: _____

Address: _____ Phone: _____
_____ Fax: _____

Laboratory Director/Title: _____

Type of laboratory *(Check the one most descriptive of facility type)*

□ 01 Ambulance □ 02 Ambulatory Surgery Center □ 03 Ancillary Testing Site in Health Care Facility □ 04 ALF
□ 05 blood bank □ 06 Community Clinic □ 07 Comp. Outpatient Rehab Facility □ 08 End Stage Renal Disease Dialysis Facility □ 09 Federally Qualified Health Center □ 10 Health Fair □ 11 Health Main. Organization □ 22 Practitioner Other *(Specify)* _____
☐ 12 Home Health Agency □ 13 Hospice □ 23 Prison □ 14Hospital □ 24 Public Health Laboratories
□ 15 Independent □ 25 Rural Health Clinic □ 16 Industrial □ 26 School/Student Health Service
□ 17 Insurance □ 27 Skilled Nursing Facility/ Nursing Facility □ 18 Intermediate Care Facility for Mentally Retarded
□ 28 Tissue bank/Repositories □ 19 Mobile Laboratory 29 Other *(Specify)*_____
□ 20 Pharmacy _____ □ 21 Physician Office Is this a shared lab? □ yes □ No

Hours of Operation: ☐ 9:00 to 5:00 ☐ Other: _____

Total Annual Tests: ___

Agency Glucomer (brand/model): _____

Test strip (brand/model): _____

Lancets brand/model: _____

Facility Contact Name: _____ Phone: _____

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