



\* Please save the document in your computer, using Adobe Reader type the info, and then email to us \$ 75.00 complete application

Any question call us at: 305-818-5940
e-mail the form 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

Initial Re-new CLIA Number: D

Facility: Tx ID:

email: \* do not not print or scan the form please \* please use proper capitalization

Address: Phone: Fax:

Laboratory Director/Title (DON): Ph:

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 14 Hospital 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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