LABORATORY PERSONNEL REPORT (CLIA) (For moderate and high complexity testing)

	(Fe	or mod	gerat	e an	a nig	jn co	mpi	exity	testi	ng)				
1. LABORATORY NAME												2. CLIA IDENTIFICATION NUMBER		
3. LABORATORY ADDRESS (NUMBER AND STREET) CITY										STATE	ZIP CODE			
4. Instructions: a. List below all technical personnel, by name, who are employed by the laboratory. Check (✔) the appropriate column for each position held. For TC and TS follow instructions on reverse. b. Indicate whether shift worked is (1) day, (2) evening or (3) night. c. Indicate highest level of testing for which personnel are qualified: Use (M) for moderate and (H) for high complexity. Positions: D-Director CC - Clinical Consultant TS - Technical Supervisor GS - General Supervisor TP- Testing Personnel CT/GS - Cytology General Supervisor												5. TELEPHONE (INCLUDE AREA CODE) FOR OFFICIAL USE ONLY (NOT TO BE COMPLETED BY LABORATORY) QUALIFIES ACCORDING TO SUBPART M		
d. Indicate whet	her position held is full (F) or part-time (F	P).						ytology techno		ral Sup	ervisor			
												d.	DATE OF SURVEY _	
	EMPLOYEE NAMES					1					OR	OR		
LAST NAME	FIRST NAME M	I D	CC	TC	TS	GS	TP	CT/GS	СТ	F T 3	Н	Р		
	here if additional space is not the original form.	eedec	l to l	ist a	ll te	chni	cal p	erso	onne	el. Co	рру Т	this	page and at	tach continuation
READ THE F	OLLOWING CAREFULLY BEFO	ORE S	IGNI	NG										
knowingly ar fraudulent st fictitious or f	Entities Generally: Whoever, in and willfully falsifies, conceals or catements or representations, or raudulent statements or entry, state 18, Sec. 1001)	overs i makes	up by or us	any ses ai	trick ny fa	, sch Ise w	eme, ritin	or d g or	evice docu	e a m ımen	ater it kn	ial fa owin	act, or makes f ig the same to	alse, fictitious or contain any false,
CERTIFICATIO ACCORDING	DN : I CERTIFY THAT ALL OF THE TO THE PERSONNEL REGULATION	INDIVI Ons of	DUA 42 (LS LI CFR P	STED	AB0 493	OVE SUBI	QUA PART	LIFY,	, TO	FUN	CTIO	N IN THE POS	ITION INDICATED,
6. SIGNATURE OF LABORATORY DIRECTOR 7. DATE														

INSTRUCTIONS FORM CMS-209

This form will be completed by the laboratory. It will be used by the surveyor to review the qualifications of technical personnel in the laboratory.

Instructions for 4(a) TC/TS:

When listing those individuals holding technical consultant/technical supervisor (TC/TS) positions, use the following grid to indicate the specialty(ies)/subspecialty(ies) in which they presently function. Record the number corresponding to the specialty/subspecialty in the appropriate column (TC/TS). When an individual functions as a TC/TS in more than one specialty/subspecialty, use a line for each specialty/subspecialty.

GRID:

- 1. Bacteriology
- 2. Mycobacteriology
- 3. Mycology
- 4. Parasitology
- 5. Virology
- 6. Diagnostic Immunology
- 7. Chemistry
- 8. Hematology
- 9. Immunohematology

- 10. Clinical Cytogenetics
- 11. Histocompatibility
- 12. Radiobioassay
- 13. Histopathology
- 14. Oral Pathology
- 15. Cytology
- 16. Dermatopathology
- 17. Ophthalmic Pathology

EXAMPLE

			a.								b.	C.	d.	
EMPLOYEE NAMES				POSITION HELD								М	F	
LAST NAME	FIRST NAME	MI	D	СС	TC	TS	GS	TP	CT/GS	СТ	I 2 F T 3	OR H	OR P	
Smith	John				1						1	М	F	
						4						Н		
						6						Н		

FOR OFFICIAL USE ONLY

Indicate the applicable regulatory citation under which the following individuals are qualified: Each laboratory director, technical consultant, technical supervisor, clinical consultant, general supervisor, cytology supervisor, and those testing personnel and cytotechnologist sampled during the survey process.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0151. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.