IF CONTINUATION SHEET PAGE ___ OF __

LABORATORY PERSONNEL REPORT (CLIA)

		(For	тоа	erate	e and	d higi	h cor	nple.	xity t	estin	ig)				
1. LABORATORY NAME														2CLIA IDENTIFICATION NUMBER	
3. LABORATORY ADDRES	CITY											STATE	ZIP CODE		
4. Instructions:					P	ositio		5. TELEPHON	IE (INCLUDE AREA CODE)						
a. List below all technical persor	nploye	d				D-	Directo		_ (
by the laboratory. Check ($$)							C - Clin C - Tech								
position held. For TC and TS b. Indicate whether shift worked	ht					6 - Tech 6 - Ger		FOR OFFICIAL USE ONLY							
c. Indicate highest level of testin	_					TF	- Testi	ng Pers	sonnel					PLETED BY LABORATORY)	
qualified: Use (M) for moderate and (H) for high complexity. d. Indicate whether position held is full (F) or part-time (P). CT/GS - Cytology General Supervisor CT - Cytotechnologist												r	QUALIFIES ACC	ORDING TO SUBPART M	
a. b. c. d.												اء	DATE OF SURVE	Y	
EMDI OVE	POSITION HELD: S 1 M F														
LAST NAME	EMPLOYEE NAMES LAST NAME FIRST NAME MI						GS			СТ	H I 2 F	OR	OR		
LAST NAIVIE	FINOT INAIVIE	MI	D	00	10	13	us	IF	C1/GS	CI	Т 3	Н	Р		
□ Check (√) here if ac sheet(s) to the original		need	ed to	o list	t all t	tech	nica	l per	son	nel.	Cop	y this	s pag	ge and attach	continuation
READ THE FOLLOWI	NG CAREFULLY	BEF	ORI	E SIG	GNII	NG									
Statement or Entities Ge	nerally: Whoever, in a	anv r	nanr	ner w	ithin	the i	iurisa	dictio	n of	anv (depa	rtme	nt or	agency of the	United States
knowingly and willfully fa															
fraudulent statements or	representations, or r	make	s or	uses	any	false	e wri	ting (or do	cum	ent k	nowi	ng th	e same to con	tain any false,
fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.												ars, or both.			
(U.S. Code, Title 18, Sec								,						,	•
CERTIFICATION: I CER															POSITION
INDICATED, ACCORDING TO THE PERSONNEL REGULATIONS OF 42 CFR PART 493 SUBPART															
6. SIGNATURE OF LABORATORY DIRECTOR: 7. DATE:															
FORM CMS-209 (9-92) IF CONTINUA										ATION SHEET	PAGE OF				

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									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 US													
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.													
			1		1					1			

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 land review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.