*** Please save the document in your computer, using Adobe Reader type the info, and then email to us***

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

☐ $ 75.00 complete application

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: _____

do not not print or scan the form please
please use proper capitalization

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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