



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES

CLIA LABORATORY SPECIALTIES TEST VOLUMES

Laboratory Name: _____

CLIA #: _____ Survey Date: _____

	Effective Date	Expiration Date
___ 010 Histocompatibility Trans: ___ Non-Trans: ___ Test Volume: _____	_____	_____
___ 110 Bacteriology	_____	_____
___ 115 Mycobacteriology	_____	_____
___ 120 Mycology	_____	_____
___ 130 Parasitology	_____	_____
___ 140 Virology Test Volume: _____	_____	_____
___ 210 Syphilis Serology	_____	_____
___ 220 General Immunology Test Volume: _____	_____	_____
___ 310 Routine Chemistry	_____	_____
___ 320 Urinalysis	_____	_____
___ 330 Endocrinology	_____	_____
___ 340 Toxicology Test Volume: _____	_____	_____
___ 400 Hematology Test Volume: _____	_____	_____
___ 510 ABO & Rh Group	_____	_____
___ 520 Antibody Transfusion	_____	_____
___ 530 Antibody Non-Transfusion	_____	_____
___ 540 Antibody Identification	_____	_____
___ 550 Compatibility Test Volume: _____	_____	_____
___ 610 Histopathology	_____	_____
___ 620 Oral Pathology	_____	_____
___ 630 Cytology Test Volume: _____	_____	_____
___ 800 Radiobioassay Test Volume: _____	_____	_____
___ 900 Cytogenetics Test Volume: _____	_____	_____

Total Estimated Annual Test Volume: _____

I certify that the total volume listed above is the approximate annual test volume for this laboratory. These total volumes do not include waived tests, controls, or proficiency testing.

Signed: _____ Date: _____
Director or Authorized Person

Surveyor: _____ Date: _____