

ANNUAL TEST VOLUME OF TEST PERFORMED

Indicate the annual volume of tests performed by specialties or subspecialty.

Name of Laboratory	State ID Number	CLIA
Address (number, street)	City	State ZIP

SPECIALTY/SUBSPECIALTY	ANNUAL TEST VOLUME	SPECIALTY/SUBSPECIALTY	ANNUAL TEST VOLUME
110 Bacteriology		010 Histocompatibility	
115 Mycobacteriology		400 Hematology	
120 Mycology		510 ABO and Rh Type	
130 Parasitology		520 Antibody Detection Transfusion	
140 Virology		530 Antibody Detection Non-transfusion	
210 Syphilis Serology		540 Antibody Identification	
220 General Immunology		550 Compatibility Testing	
310 Routine Chemistry		610 Histopathology	
320 Urinalysis		620 Oral Pathology	
330 Endocrinology		630 Cytology	
340 Toxicology		900 Clinical Cytogenetics	

Sub-Total: _____

List all other tests performed and annual test volume (Use additional sheets if necessary)

Sub-Total: _____

Total Volume: _____

Authorized Signature: _____ Printed Name: _____ Date: _____