# LABORATORY PERSONNEL REPORT (CLIA)

(For moderate and high complexity testing)

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.
   d. Indicate whether position held is full (F) or part-time (P).

   Positions:
   D - Director
   CC - Clinical Consultant
   TC - Technical Consultant
   TS - Technical Supervisor
   GS - General Supervisor
   TP - Testing Personnel
   CT/GS - Cytology General Supervisor
   CT - Cytotechnologist

5. TELEPHONE (INCLUDE AREA CODE)

   FOR OFFICIAL USE ONLY

   (NOT TO BE COMPLETED BY LABORATORY)

   QUALIFIES ACCORDING TO SUBPART M

   DATE OF SURVEY ___________________________

   a. 
   b. 
   c. 
   d. 

   EMPLOYEE NAMES

   LAST NAME  FIRST NAME  MI  D  CC  TC  TS  GS  TP  CT/GS  CT

   S 1  H  F  P

   M  OR

   H  OR

   P

   Check (✓) here if additional space is needed to list all technical personnel. Copy this page and attach continuation sheet(s) to the original form.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Statement or Entities Generally: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes false, fictitious or 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. (U.S. Code, Title 18, Sec. 1001)

CERTIFICATION: I CERTIFY THAT ALL OF THE INDIVIDUALS LISTED ABOVE QUALIFY, TO FUNCTION IN THE POSITION INDICATED, ACCORDING TO THE PERSONNEL REGULATIONS OF 42 CFR PART 493 SUBPART M.

6. SIGNATURE OF LABORATORY DIRECTOR

7. DATE

FORM CMS-209 (09/92) IF CONTINUATION 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 10. Clinical Cytogenetics
2. Mycobacteriology 11. Histocompatibility
3. Mycology 12. Radiobioassay
4. Parasitology 13. Histopathology
6. Diagnostic Immunology 15. Cytology
7. Chemistry 16. Dermatopathology
8. Hematology 17. Ophthalmic Pathology
9. Immunohematology

EXAMPLE

<table>
<thead>
<tr>
<th>EMPLOYEE NAMES</th>
<th>POSITION HELD</th>
<th>a.</th>
<th>b.</th>
<th>c.</th>
<th>d.</th>
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<tbody>
<tr>
<td>LAST NAME</td>
<td>FIRST NAME</td>
<td>MI</td>
<td>D</td>
<td>CC</td>
<td>TC</td>
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<tr>
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</table>

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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.