## **Planned Workload Report**

## **Clinical Laboratory Improvement Amendments Program**

According to 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 0938-0599. The time required to complete this information collection is estimated to average 8 to 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and 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, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Red	ion/State Code:	FY Qu	FY Quarter: 2/2004				
4 / Alabama			I	From: 1/1/2004 To: 3/31/2004			
	ency Name: ama Department of Public Health		1				
Type of Laboratory		Number Of Sites	Initial Visits	Resurvey Visits	Follow-Up Visits	Compliant Visits	Total Visits
		(A)	(B)	(C)	(D)	(E)	(F)
1	Waived/PPMP	0	0	0	0	0	0
2	Accredited	0	0	0	0	0	0
3	Low Volume Schedule	0	0	0	0	0	0
4	Schedule A	0	0	0	0	0	0
5	Schedule B	0	0	0	0	0	0
6	Schedule C	0	0	0	0	0	0
7	Schedule D	0	0	0	0	0	0
8	Schedule E	0	0	0	0	0	0
9	Schedule F	0	0	0	0	0	0
10	Schedule G	0	0	0	0	0	0
11	Schedule H	0	0	0	0	0	0
12	Schedule I	0	0	0	0	0	0

0

0

Date Revised: 04/28/2004

0

0

Title:

0

0

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Form CMS - 105

13

14

Date:

Schedule J

Signature:

Totals