

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 (4) the appropriate column for each position held. For TC and TS follow instructions on reverse . For laboratories performing moderate complexity testing, list the positions of D, CC, TC and TP. For laboratories performing high complexity testing, list the positions of D, CC, TS, GS and TP. For cytology, list D, CC, TS, CT/GS and CT. b. Indicate highest level of testing for which personnel are qualified: Use (M) for moderate and (H) for high complexity.	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) <hr/> <p align="center">FOR OFFICIAL USE ONLY <i>(NOT TO BE COMPLETED BY LABORATORY)</i> QUALIFIES ACCORDING TO SUBPART M</p> <hr/> DATE OF SURVEY _____
--	--	---

EMPLOYEE NAMES			a. POSITION HELD									b. M OR H
			D	CC	TC	TS	GS	TP	CT/GS	CT		
LAST NAME	FIRST NAME	MI										

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. PRINTED NAME OF LABORATORY DIRECTOR	8. DATE
--	---------

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

1. Only one person may be listed as the laboratory director (D).
2. For laboratories performing moderate complexity testing, list the positions of D, CC, TC and TP. For laboratories performing high complexity testing, list the positions of D, CC, TS, GS and TP. For cytology, list D, CC, TS, CT/GS and CT.
3. Do not list individuals that only perform waived testing, no testing, and administrative functions.
4. Use a separate line for individuals performing more than one CLIA position.
5. 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 separate line for each specialty/subspecialty.

GRID:

- | | | |
|--|---|---|
| 1. Bacteriology
[42 CFR 493.1449(c)] | 7. Chemistry [42 CFR 493.1449(i)] | [42 CFR 493.1449(n)] |
| 2. Mycobacteriology
[42 CFR 493.1449(d)] | 8. Hematology
[42 CFR 493.1449(j)] | 13. Histopathology
[42 CFR 493.1449(l)] |
| 3. Mycology [42 CFR 493.1449(e)] | 9. Immunohematology
[42 CFR 493.1449(q)] | 14. Oral Pathology
[42 CFR 493.1449(m)] |
| 4. Parasitology
[42 CFR 493.1449(f)] | 10. Clinical Cytogenetics
[42 CFR 493.1449(p)] | 15. Cytology [42 CFR 493.1449(k)] |
| 5. Virology [42 CFR 493.1449(g)] | 11. Histocompatibility
[42 CFR 493.1449(o)] | 16. Dermatopathology
[42 CFR 493.1449(l)(2)] |
| 6. Diagnostic Immunology
[42 CFR 493.1449(h)] | 12. Radiobioassay | 17. Ophthalmic Pathology
[42 CFR 493.1449(l)(3)] |

EXAMPLE

EMPLOYEE NAMES			a.									b.	DATE OF SURVEY _____
			POSITION HELD									M OR H	
LAST NAME	FIRST NAME	MI	D	CC	TC	TS	GS	TP	CT/GS	CT			
Smith	John				1							M	
						4						H	
						6						H	

FOR OFFICIAL USE ONLY

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.

According to the 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 0938-0151. Expiration Date: XX/XX/20XX. The time required to complete this information collection is estimated to average 30 minutes 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 comments concerning the accuracy of time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*****CMS Disclaimer*****Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact LabExcellence@cms.hhs.gov.