

## ADDITIONAL TESTING SITES (FOR MULTIPLE SITES)

Instructions: List the primary site and its testing sites. Mark the appropriate check boxes.  
 Use a blank copy for more sites. All active secondary sites must be renewed with the primary site.

<b>PRIMARY SITE:</b>	Renew	Update <i>(attach LAB 193 if necessary)</i>
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CLIA ID:	State ID:
Facility Name:	
Location Address:	City: <span style="float: right;">State:</span>
Zip Code:                      Phone:                      Email:	

**Select the applicable multiple site qualification:** *(Refer to BPC Section 1265 (d)1-4)*

1. Site(s) not at a fixed location. *(Note: Requires VIN below)*
2. Type of site is either a Not-for-profit\*, federal, state, or local government that engages in limited tests (not more than a combination of 15 moderately complex) *\*Note: Requires 501(c)(3)*
3. All sites are within a hospital located in a contiguous buildings on the same campus and under common directorship and ownership.
4. All sites are located within a single street and city address and are under common ownership.

**SECONDARY SITES:** *Note: Include -1, -2, -3, etc. (e.g. CLR-00123456-1, CLR-00123456-2, etc.)*

<b>State ID:</b>	Update	Add	Renew	Closed	Effective:
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Facility Name:	
Location Address:	City:
State:                      Zip Code:                      VIN <i>(if applicable)</i> :	
Email:	Phone:

<b>State ID:</b>	Update	Add	Renew	Closed	Effective:
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Facility Name:	
Location Address:	City:
State:                      Zip Code:                      VIN <i>(if applicable)</i> :	
Email:	Phone:

<b>State ID:</b>	Update	Add	Renew	Closed	Effective:
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Facility Name:	
Location Address:	City:
State:                      Zip Code:                      VIN <i>(if applicable)</i> :	
Email:	Phone:

<b>State ID:</b>	Update	Add	Renew	Closed	Effective:
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Facility Name:	
Location Address:	City:
State:                      Zip Code:                      VIN <i>(if applicable)</i> :	
Email:	Phone: