

### 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: \_\_\_\_\_