

State of Illinois

CLIA Laboratory Certification Program

Phone: 217-782-6747

DISCLOSURE OF CLIA CERTIFICATE SHARED LABORATORY



Guidelines for Shared Laboratories:

- 1. A shared laboratory is located in a common area.
2. Two or more sole practicing physicians or group practices share the expenses necessary to operate the laboratory.
3. Laboratory testing performed in a shared laboratory is directed by one qualified individual who is responsible for the overall lab operation.
4. Independent practices sharing the certificate can ONLY perform the test complexity or category allowed under the shared lab certificate.
5. The laboratory is most likely registered as a physician office CLIA waived or PPM laboratory.
6. \*Any laboratory testing performed in a physician's office that is not within the shared laboratory (testing area) cannot be included under the shared laboratory certificate. Any tests perform at a different location (address, floor, suite) requires a separate CLIA certificate.

Current Certificate Type: [ ] CLIA Waived [ ] CLIA PPM

Shared CLIA Certificate Number (Print) \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Name of Lab (Print) \_\_\_\_\_

Address (Print) \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

LIST BELOW THE NAMES AND PHONE NUMBERS OF THE INDEPENDENT DOCTORS, PRACTICES OR ENTITIES THAT WILL SHARE THIS CLIA CERTIFICATE, AND PERFORM TESTING IN THE SAME LABORATORY COMMON AREA .

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

BUSINESS SHARING THIS CLIA CERTIFICATE Type each test name that will be performed by your business under this shared CLIA certificate and indicate the test categorization level of complexity for each test.

Table with 6 columns: Test Name, CLIA Test Category (Waived, PPM, or Non-waived), Estimated Annual Volume, Test Name, CLIA Test Category (Waived, PPM, or Non-waived), Estimated Annual Volume. The table contains 10 empty rows for data entry.

Lab Dir Name of Shared Lab (Print) \_\_\_\_\_

Signature of Lab Director \_\_\_\_\_ Date \_\_\_\_\_