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ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PROGRAMS AND SERVICES

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INSTRUCTIONS FOR COMPLETING THE FORM

- ❑ When counting test volumes, each analyte should be counted as one. For example if you do a chemistry profile, **each component** with the exception of calculated tests should be counted (a chem. 6 profile would be counted as 1 glucose, 12 BUN, 1 sodium, 1 potassium, 1 chloride, and 1 CO<sub>2</sub> for a total of six tests).
- ❑ Please **enter the test volumes** for the analytes you do. If a test or analyte is not listed, please write in the name of the test or analyte and volume in the blank boxes below the appropriate specialty or on the last page. **The shaded areas are for Department use only.**
- ❑ **Do not** include quality control or proficiency testing performed on each analyte in the test volumes.
- ❑ Do not include waived test volumes. **Do include** test volumes for those tests performed by the physician or nurse practitioner (PPMP procedures).
- ❑ If you have any questions, please ask the surveyor.

**THIS INFORMATION WILL DETERMINE YOUR BILL. YOU SHOULD BE AS ACCURATE AS POSSIBLE. THIS FORM MUST BE SIGNED AND DATED BY THE PERSON COMPLETING THE FORM.**

CLIA number 14D \_\_\_\_\_

Facility name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

Volumes are for the period (should be annual volume for the previous year)

Month \_\_\_\_\_ Year \_\_\_\_\_ THROUGH Month \_\_\_\_\_ Year \_\_\_\_\_

Prepared by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(print name)

Please enter the hours facility is open:

Sunday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_