

New Jersey Department of Health
 Clinical Laboratory Improvement Services
 PO Box 361
 Trenton, NJ 08625-0361

APPLICATION FOR
 CLINICAL LABORATORY LICENSE
 (CLIA WAIVED TESTS ONLY)

Calendar Year	<input type="checkbox"/> Initial (\$200 Fee)	FOR STATE USE ONLY		
	<input type="checkbox"/> Renewal (\$200 Fee)	Date Received	Received By	Check/E-Pmt. Rec'd

LABORATORY INFORMATION

Name of Laboratory		NJ CLIS ID Number (7 digit number)				
Laboratory Address (Street Address/PO Box)		CLIA Number				
(City, State, Zip Code)		Facility Type (Select one) <input type="checkbox"/> Physician Office Laboratory <input type="checkbox"/> School <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Pharmacy Associated Clinic <input type="checkbox"/> Health Screening (incl. Mobile) <input type="checkbox"/> Other: _____				
Mailing Address [where License(s) should be mailed]						
(City, State, Zip Code)						
Laboratory Telephone Number	Laboratory Fax Number					
Name of Contact Person		Contact Telephone No.	Contact Email Address			
Normal Hours of Laboratory Operation (indicate specific hours EACH day):						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

LABORATORY DIRECTOR INFORMATION

Name of Laboratory Director		State Medical License Number				
Laboratory Director's Degree		Telephone No.	Email Address			
Laboratory Director's Time on Premises						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

PRIMARY GENERAL SUPERVISOR INFORMATION

Name of Primary General Supervisor						
Primary General Supervisor's Degree		Telephone No.	Email Address			
Primary General Supervisor's Time on Premises						
Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

OWNERSHIP INFORMATION

Name of Owner/Authorized Agent		EIN Federal Tax ID	
Address (Street Address/PO Box, City, State, Zip Code)		Telephone Number	
Type of Entity (Select one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit		Government Entity (Select one) <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal	

APPLICATION FOR CLINICAL LABORATORY LICENSE - (CLIA WAIVED TESTS ONLY)
(Continued)

Name of Laboratory	NJ CLIS ID Number (7 digit number)
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LIST OF CLIA WAIVED TESTS AND NJ STATE WAIVED TESTS PERFORMED

Select [<input type="checkbox"/>] or Add CLIA-Waived (including NJ State-Waived) Instrument or Test Kit	Name of Instrument or Kit Manufacturer	Number of Tests Performed Annually
<input type="checkbox"/> Adenovirus		
<input type="checkbox"/> Chemistry Panel		
<input type="checkbox"/> ESR (Non-Automated)		
<input type="checkbox"/> Fecal Occult Blood		
<input type="checkbox"/> Hemoglobin		
<input type="checkbox"/> Hemoglobin A1C		
<input type="checkbox"/> Lipid Panel		
<input type="checkbox"/> MMP-9		
<input type="checkbox"/> Prothrombin Time (PT) and/or INR		
<input type="checkbox"/> Rapid Flu		
<input type="checkbox"/> Rapid Group A Strep		
<input type="checkbox"/> Rapid HCV		
<input type="checkbox"/> Rapid HIV		
<input type="checkbox"/> Rapid Mono		
<input type="checkbox"/> Rapid RSV		
<input type="checkbox"/> Tear Osmolarity		
<input type="checkbox"/> Urine Dipstick (Non-Automated)		
<input type="checkbox"/> Urine Drug Screening Test Cup		
<input type="checkbox"/> Urine Pregnancy		
<input type="checkbox"/> Urine Reagent Strip (Automated)		
<input type="checkbox"/> Whole Blood Glucose		
<input type="checkbox"/> Whole Blood Lead		
ADDITIONAL TESTS		
Total Annual Test Volume:		

PROFICIENCY TESTING PROVIDER(S)
Name of Proficiency Testing Provider(s)

ATTESTATION		
<p>I, the undersigned, certify that all the information given on this application and on the accompanying attachments is true, correct, and complete as of this date and that notification, by certified mail, of any change(s) will be made with 14 days of such change(s). I further certify that testing will not be performed until all applicable State and Federal certificates, licenses, and required approvals have been obtained in accordance with N.J.S.A. 45:9-42.26 et seq., N.J.A.C. 8:44-2.1 et seq., and 42 CFR 493.1 et seq.</p> <p>I attest that <input type="checkbox"/> I have <input type="checkbox"/> I have not been indicted for or convicted of a felony crime and that the owner(s) and laboratory director are not presently suspended or had a CLIA certificate revoked and are not subject to pending administrative sanctions under any Federal, State or local laws. (Attach complete documentation regarding conviction, suspension, revocation or administrative actions.)</p>		
Name of Laboratory Director (Print)	Signature of Laboratory Director	Date
Name of Owner (Print)	Signature of Owner	Date