

## LIST OF TESTS PERFORMED IN THE FACILITY

Facility Name:	CLIA ID:
Facility Address:	City/State/Zip:
Person Completing Form:	Date:
Contact Phone Number:	Contact Email:

\* Please list the specific manufacturer's name and model of instrument or manufacturer's name of the test kit to be used for patient testing. For example, do not list "Hematology Machine" or "Strep Kit". This will ensure that you receive the correct certificate based on the tests performed in your laboratory.

\*\* A list of waived and PPMP tests to assist with completion of this form can be found at the following link:  
<https://ldh.la.gov/index.cfm/page/777>

Name of Laboratory Test	*Name of Instrument or Kit	Annual Volume