In the next three sections, indicate testing performed and annual test volume.

VI. WAIVED TESTING

Identify the waived testing performed. Be as specific as possible. This includes each analyte test system or device used in the laboratory.

e.g. (Rapid Strep, Acme Home Glucose Meter)

Indicate the estimated **TOTAL ANNUAL TEST** volume for all waived tests performed ______________

☐ Check if no waived tests are performed

VII. PPM TESTING

Identify the PPM testing performed. Be as specific as possible.

e.g. (Potassium Hydroxide (KOH) Preps, Urine Sediment Examinations)

Indicate the estimated TOTAL ANNUAL TEST volume for all PPM tests performed ______________

For laboratories applying for certificate of compliance or certificate of accreditation, also include PPM test volume in the "total estimated test volume" in section VIII.

☐ Check if no PPM tests are performed

If additional space is needed, check here ☐ and attach additional information using the same format.

VIII. NON-WAIVED TESTING *(Including PPM testing)*

If you perform testing other than or in addition to waived tests, complete the information below. If applying for one certificate for multiple sites, the total volume should include testing for ALL sites.

Place a check (✓) in the box preceding each specialty/subspecialty in which the laboratory performs testing. Enter the estimated annual test volume for each specialty. Do not include testing not subject to CLIA, waived tests, or tests run for quality control, calculations, quality assurance or proficiency testing when calculating test volume. (For additional guidance on counting test volume, see the information included with the application package.)

If applying for a Certificate of Accreditation, indicate the name of the Accreditation Organization beside the applicable specialty/ subspecialty for which you are accredited for CLIA compliance. (The Joint Commission, AOA, AABB, CAP, COLA or ASHI)

SPECIALTY / SUBSPECIALTY	ACCREDITING ORGANIZATION	ANNUAL TEST VOLUME	SPECIALTY / SUBSPECIALTY	ACCREDITING ORGANIZATION	ANNUAL TEST VOLUME
HISTOCOMPATIBILITY			**HEMATOLOGY**		
☐ Transplant			☐ Hematology		
☐ Nontransplant			**IMMUNOHEMATOLOGY**		
MICROBIOLOGY			☐ ABO Group & Rh Group		
☐ Bacteriology			☐ Antibody Detection (transfusion)		
☐ Mycobacteriology			☐ Antibody Detection (nontransfusion)		
☐ Mycology			☐ Antibody Identification		
☐ Parasitology			☐ Compatibility Testing		
☐ Virology			**PATHOLOGY**		
DIAGNOSTIC IMMUNOLOGY			☐ Histopathology		
☐ Syphilis Serology			☐ Oral Pathology		
☐ General Immunology			☐ Cytology		
CHEMISTRY			**RADIOBIOASSAY**		
☐ Routine			☐ Radiobioassay		
☐ Urinalysis			**CLINICAL CYTOGENETICS**		
☐ Endocrinology			☐ Clinical Cytogenetics		
☐ Toxicology			**TOTAL ESTIMATED ANNUAL TEST VOLUME:**		