**AUTHORITY:** Pursuant to subsection 395.0091, Florida Statutes and Rule 59A-3.242, Florida Administrative Code, the director of a hospital clinical laboratory may establish testing locations outside of the physical and administrative confines of the hospital’s central laboratory. If performing alternate-site testing, update and attach this form to each hospital renewal application.

**1. Provider Information**

Complete the following:

|  |  |  |
| --- | --- | --- |
| **Hospital Name:** | **License Number:** | **CLIA Number: 10D-** |

**2. Alternate-Site Testing Locations**

An internal needs assessment is approved by the laboratory director for the following locations, instrumentation, tests and personnel (attach additional sheets, as needed):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location**  Hospital Unit or Department | | **Instrumentation**  List manufacturer and model | **Tests Performed**  List each analyte | | | **Type of Personnel**  (RN, LPN, RTT, EMT, etc.) |
| Cardiac Catheterization Lab | |  |  | | |  |
| Dialysis Center | |  |  | | |  |
| Emergency Department | |  |  | | |  |
| Intensive/Critical Care Units | |  |  | | |  |
| Medical-Surgical Units | |  |  | | |  |
| Newborn Intensive Care Units | |  |  | | |  |
| Obstetrics Units | |  |  | | |  |
| Outpatient/Ambulatory Care | |  |  | | |  |
| Post Anesthesia Care | |  |  | | |  |
| Radiology Department | |  |  | | |  |
| Respiratory Department | |  |  | | |  |
| Surgery Department/Pre-op | |  |  | | |  |
| Surgery Department/Perfusion | |  |  | | |  |
| Telemetry Units | |  |  | | |  |
| Other: | |  |  | | |  |
|  |  | | |  |  | |
|  | Printed Name of the Laboratory Director | | |  |  | |
|  |  | | |  |  | |
|  | Signature of the Laboratory Director | | |  | Date | |