**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 |