LABORATORY PERSONNEL REPORT (CLIA)

(For moderate and high complexity testing)

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1. LABORATORY	NAME										7	2. CLIA IDENTII	FICATION NUMBER
3. LABORATORY ADDRESS (NUMBER AND STREET)						CITY						STATE	ZIP CODE
4. Instructions: a. List below all technical personnel, by name, who are employed by the laboratory. Check (4) the appropriate column for each position held. For TC and TS follow instructions on CC - Clinical Consultant CC - Tochnical Consultant								5. TELEPHONE (INCLUDE AREA CODE)					
reverse. For lab CC, TC and TP. F CC, TS, GS and T b. Indicate highest	e posi	tions of	D,	TC - Technical Consultant TS - Technical Supervisor GS - General Supervisor TP - Testing Personnel CT/GS - Cytology General Supervisor CT - Cytotechnologist						(NOT TO BE CO	FFICIAL USE ONLY DMPLETED BY LABORATORY) CCORDING TO SUBPART M		
and (H) for high	complexity.					a		inologi			b.	DATE OF SURVEY	
EMPLOYEE NAMES					POS	SITION HELD M							
LAST NAME	FIRST NAME	MI	D	СС	TC	TS	GS	ТР	CT/GS	СТ	or H		
Check (🗸) her	re if additional space is needed 1	to list all tech	nnica	l ners	onne	l Cor	v thi	s nan	e and	atta	h cont	inuation sheet	(s) to the original form
	DLLOWING CAREFULLY BE							, pug	e una			dation sileet	(a) to the original form
Statement or I knowingly and fraudulent sta fictitious or fra	Entities Generally: Whoever, d willfully falsifies, conceals o tements or representations, or audulent statements or entry le 18, Sec. 1001)	in any man	ner v	withi	ick. :	scher	ne. o	r dev	vice a	mat	erial f	act, or makes	false, fictitious or
CERTIFICATION	N: I CERTIFY THAT ALL OF TH O THE PERSONNEL REGULAT	HE INDIVIDU	JALS 2 CF	S LIST R PA	ED A	ABO\ 93 SU	/E Ql JBPA	JALII RT M	FY, T	O FU	NCTIC	ON IN THE PO	SITION INDICATED,
6. SIGNATURE C	DF LABORATORY DIRECTOR												
7. PRINTED NAM	ME OF LABORATORY DIRECTOR											8. DATE	

INSTRUCTIONS FORM CMS-209

This form will be completed by the laboratory. It will be used by the surveyor to review the qualifications of technical personnel in the laboratory.

Instructions

- 1. Only one person may be listed as the laboratory director (D).
- 2. For laboratories performing moderate complexity testing, list the positions of D, CC, TC and TP. For laboratories performing high complexity testing, list the positions of D, CC, TS, GS and TP. For cytology, list D, CC, TS, CT/GS and CT.
- 3. Do not list individuals that only perform waived testing, no testing, and administrative functions.
- 4. Use a separate line for individuals performing more than one CLIA position.
- 5. For 4(a) TC/TS:

When listing those individuals holding technical consultant/technical supervisor (TC/TS) positions, use the following grid to indicate the specialty(ies)/subspecialty(ies) in which they presently function. Record the number corresponding to the specialty/subspecialty in the appropriate column (TC/TS). When an individual functions as a TC/TS in more than one specialty/subspecialty, use a separate line for each specialty/subspecialty.

GRID:

- 1. Bacteriology [42 CFR 493.1449(c)]
- 2. Mycobacteriology [42 CFR 493.1449(d)]
- 3. Mycology [42 CFR 493.1449(e)]
- 4. Parasitology [42 CFR 493.1449(f)]
- 5. Virology [42 CFR 493.1449(g)]
- 6. Diagnostic Immunology [42 CFR 493.1449(h)]

- 7. Chemistry [42 CFR 493.1449(i)]
- 8. Hematology [42 CFR 493.1449(j)]
- 9. Immunohematology [42 CFR 493.1449(q)]
- 10. Clinical Cytogenetics [42 CFR 493.1449(p)]
- 11. Histocompatibility [42 CFR 493.1449(o)]
- 12. Radiobioassay

- [42 CFR 493.1449(n)]
- 13. Histopathology [42 CFR 493.1449(I)]
- 14. Oral Pathology [42 CFR 493.1449(m)]
- 15. Cytology [42 CFR 493.1449(k)]
- 16. Dermatopathology [42 CFR 493.1449(I)(2)]
- 17. Ophthalmic Pathology [42 CFR 493.1449(I)(3)]

EXAMPLE

			a.							b.	DATE OF SURVEY	
EMPLOYEE NAMES				POSITION HELD								
LAST NAME	FIRST NAME	MI	D	СС	тс	TS	GS	ТР	CT/GS	СТ	or H	
Smith	John				1						М	
						4					Н	
						6					Н	

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Indicate the applicable regulatory citation under which the following individuals are qualified: Each laboratory director, technical consultant, technical supervisor, clinical consultant, general supervisor, cytology supervisor, and those testing personnel and cytotechnologist sampled during the survey process.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0151. Expiration Date: 4/30/2025. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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