LABORATORY PERSONNEL REPORT (CLIA) (For moderate and high complexity testing)

		(For model	rate	and I	nıgn	com	piexi	ity te	sting	1)			
1. LABORATORY NAME										2. CLIA IDENTIFICATION 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 laboratory. Check (✔) the appropriate column for each position and TS follow instructions on reverse. For a moderate complexity list the positions of D, CC, TC and TP. For a high complexity laborates are positions of D, CC, TS, GS and TP. For cytology, list D, CC, TS, CT/C					held. For TC ty laboratory, oratory, list the			Consult al Cons al Super Super	ultant rvisor visor			5. TELEPHONE (INCLUDE AREA CODE) FOR OFFICIAL USE ONLY (NOT TO BE COMPLETED BY LABORATORY)	
b. Indicate highest l	evel of testing for which person for high complexity.				or	CT/GS	- Cytol	ersonn logy Ge nnolog	eneral S	iupervis	or	QUALIFIES A	CCORDING TO SUBPART M
						a					b.	DATE OF SURVEY	
	EMPLOYEE NAMES				SITION HELD					M OR			
LAST NAME	FIRST NAME	MI	D	CC	TC	TS	GS	TP	CT/GS	СТ	H		
	re if additional space is ne original form.	s needed to) list	: all t	tech	nica	l per	sonı	nel.	Copy	this	page and at	tach continuation
READ THE FOLI	LOWING CAREFULLY B	EFORE SIG	NIN	G									
knowingly and w fraudulent statem	ities Generally: Whoever, illfully falsifies, conceals on nents or representations, ulent statements or entry 8, Sec. 1001)	or covers up l or makes or	oy ar uses	ny trio any i	ck, so false	hem writ	e, or ing o	devi or do	ce a cume	mate nt kr	rial fa	ct, or makes f g the same to	alse, fictitious or contain any false,
	I CERTIFY THAT ALL OF T THE PERSONNEL REGULA									O FU	NCTIO	N IN THE POS	SITION INDICATED,
6. SIGNATURE OF	LABORATORY DIRECTOR											7. 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 a moderate complexity laboratory, list the positions of D, CC, TC and TP. For a high complexity laboratory, 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 line for each specialty/subspecialty.

GRID:

- 1. Bacteriology
- 2. Mycobacteriology
- 3. Mycology
- 4. Parasitology
- 5. Virology
- 6. Diagnostic Immunology
- 7. Chemistry
- 8. Hematology
- 9. Immunohematology

- 10. Clinical Cytogenetics
- 11. Histocompatibility
- 12. Radiobioassay
- 13. Histopathology
- 14. Oral Pathology
- 15. Cytology
- 16. Dermatopathology
- 17. Ophthalmic Pathology

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	
6 14					1							
Smith	John				ı						M	
						4					Н	
						6					Н	

FOR OFFICIAL USE ONLY

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: 9/30/2021. 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 the 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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