STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs
Bureau of Survey and Certification

CLIA Annual Test Volume

Laboratory Name: _____ Date:_____

CLIA #:_____

INSTRUCTIONS: Type or print each analyte/test name performed in the laboratory and name of the instrument/kit used. Indicate test complexity for each test; **W**=Waived, **P**=PPMP, **M**=Moderate, **H**=High. Indicate if Twice a Year Verification is performed; Yes (**Y**) or No (**N**). Indicate if enrolled in Proficiency Testing (**Y** or **N** or **NA**). If enrolled in Proficiency Testing (**PT**), include the name of the Proficiency Test program. If new tests, methods, and analyzers have been implemented since last survey, provide the implementation date in the last column.

Analyte/Test Name	Instrument/Kit Name	Test Complexity	Twice A Year Verification	PT; PT Program	If new since last survey, provide date implemented
Example: HGB	*Sysmex XN100*	*M*	*Y*	*Y; MLE*	

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