

# Clinical Facility Fact Sheet (CLS/MT & CLT/MLT)

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Accredited by (If the facility is not JCAHO, and/or CAP, and/or COLA accredited, a list of safety features is required) : \_\_\_\_\_

Clinical Coordinator or Contact Person at site: \_\_\_\_\_

Clinical Laboratory Volume (specify annual number of procedures): \_\_\_\_\_

Indicate whether tests are performed in the following areas:

Hematology: \_\_\_\_\_ Chemistry: \_\_\_\_\_ Microbiology: \_\_\_\_\_

Immunology/Serology: \_\_\_\_\_ Immunochemistry: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Molecular Diagnostics: \_\_\_\_\_

Total space of the laboratory: \_\_\_\_\_ Number of students in clinical experience assignments: \_\_\_\_\_

Length of time of affiliation with sponsoring institution: \_\_\_\_\_ Length of training time: \_\_\_\_\_

Daytime laboratory staff (convert part-time to full-time equivalent):

## NUMBER EMPLOYED

Pathologists \_\_\_\_\_

Credentialed laboratorians \_\_\_\_\_

(July 2005)