STATE OF NEBRASKA – ONLY FOR LABORATORIES LOCATED IN NEBRASKA LIST OF TESTS PERFORMED (including Waived and PPM)

LAB NAME			
ADDRESS	CITY/ZIP		
CLIA NO	CERTIFICATE TYPE	PE*	
name of the test kit us	ed for patient testing. For exam	t the manufacturer's name and model of the inple, do not list "Hematology machine or Streets performed in your laboratory.	
TEST	METHOD	SPECIALTY/SUBSPECIALTY	ANNUAL VOLUME
EXAMPLE: POTASSIUM	KODAK DT60	CHEMISTRY	50
			_
			_
*Types of Certificates Microscopy, Certificates		f Accreditation, Certificate of Provider-Perfor	rmed
SIGNATURE		DATE	
LABCERT 1/00			