



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
 BUREAU OF HEALTH LICENSURE AND REGULATION
 DIVISION OF HEALTH RELATED BOARDS
 227 French Landing, Suite 300
 Heritage Place MetroCenter
 Nashville, TN 37243
tennessee.gov/health
TENNESSEE MEDICAL LABORATORY BOARD
 Phone: 615-532-5126 Fax: 615-741-7698

WAIVED TESTING NOTIFICATION

1. Clinical Laboratory Imaging Center (HCF) Pharmacy EMS

Name: _____

Address: _____ Telephone: _____

Contact Person: _____ Email Address: _____

Hours of Operation: _____ CLIA Number: _____

Clinical Laboratory License Number, Health Care Facility License Number (Imaging Center) or Pharmacy License

Number: _____ License Expiration Date: _____

(You must include a copy of the current Tennessee License)

2. Test(s) to be Performed (include test name and methodology):

3. Professional Classification(s) of Persons Performing Tests:

4. Medical Laboratory Director or Physician Responsible for Testing:

Name: _____

Address: _____

Telephone Number: _____

Tennessee Medical License Number: _____ License Expiration Date: _____

(You must include a copy of the supervising physician's current Tennessee medical license)

Keep a copy of document for your records.

I affirm that as Medical Director or other physician, I am legally responsible for the clinical laboratory testing procedures listed in this notification. I am familiar with all Tennessee state laws and rules applicable to waived laboratory testing including personnel and supervisory requirements, and necessary training, quality control and record keeping requirements.

M.D.

Date