THIS FORM SHOULD BE MAILED OR EMAILED NO LESS THAN 30 DAYS PRIOR TO THE NEXT SCHEDULED PERSONNEL & EDUCATION COMMITTEE MEETING. CONTACT OFFICE FOR DATE OF MEETING:

TENNESSEE DEPARTMENT OF HEALTH, HEALTH RELATED BOARDS ATTN: MEDICAL LABORATORY BOARD, ADMINISTRATIVE OFFICE METRO CENTER COMPLEX, 2ND FLOOR 665 MAINSTREAM DRIVE NASHVILLE, TN 37243

CONTACT INFORMATION					
Local Telephone #			615.532.5128		
Toll Free#		888.310.4650 x 532-5128			
Fax#			615.253.8724		
e-mail:	nina.smith@tn.gov	mina.girgis@tn.gov		sandra.bogard@tn.gov	

CLINICAL FACILITY FACT SHEET (TRAINING ROTATION-STUDENTS)

PART I				
INSTITUTION:				
ADDRESS:				
ADDRESS 2:				
CITY:	STATE:		ZIP CODE:	
CLIA#		TELEPHONE:		
BED SIZE IF HOSPITAL:		ANNUAL TEST	VOLUME:	
,		1	J.	
MEDICAL LABORATORY DIRECTOR	R:			
BOARDING OF LABORATORY DIRECTOR:				
FACILITY STUDENT CLINICAL COORDINATOR				
		-		
TN LICENSE #		CATEGORY:		
LABORATORY ACCREDITATION:	ICAHO	СДР	OTHER	••

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PART II						
CLINICAL LABORATORY FACT SHEET						
Specialties	Instrumentation	# of Students				
I. MICROBIOLOGY	YEARLY TEST VOLUME	TEST METHODS				
Bacteriology						
Mycobacteriology						
Mycology						
Parasitology						
Virology						
Other (
Specialties	Instrumentation	# of Students				
II. DIAG. IMMUNOLOGY	YEARLY TEST VOLUME	TEST METHODS				
Syphilis Serology						
General Immunology						
Other (
Specialties	Instrumentation	# of Students				
III. CLINICAL CHEMISTRY	YEARLY TEST VOLUME	TEST METHODS				
Routine Clinical Chemistry						
Endocrinology						
Toxicology						
Urinalysis						
Other (
Specialties	Instrumentation	# of Students				
IV. HEMATOLOGY	YEARLY TEST VOLUME	TEST METHODS				
Hematology						
Other (
	<u> </u>					

Specialties	Instrumentation	# of Students
V. IMMUNOHEMATOLOG	Y YEARLY TEST VOLUME	TEST METHODS
ABO Group &Rh Type		
Antibody Detection		
Transfusion		
Antibody Detection (non-		
transfusion)		
Antibody Identification		
Compatibility Testing		
Other ()	
Specialties	Instrumentation	# of Students
VI. CYTOGENETICS		
VII. CYTOLOGY		
VIII. MOLECULAR		
IX. OTHER		
X. PHYSICAL LABORAT	ORY SPACE:	SQUARE FEET
XI. NUMBER OF STUDE	NTS IN CLINICAL ROTATION	MT MLT SA

XI.	NUMBER OF STUDENTS IN CLINICAL ROTATION	MT	MLT	SA
XII.	LENGTH OF TIME OF AFFILIATION WITH SPONSORING INSTITUTION			
	LENGTH OF TRAINING ROTATION			

		NUMBER EMPLOYED:	
XIII.	DAYTIME LABORATORY STAFF (CONVERT PT TO FTE):	MT	
	(TRAINING STAFF)	MLT	
		OTHER	
		PATHOLOGIST	
	TOTAL CREDENTIALED LABORATORIANS		

EDUCATION COORDINATOR/PROGRAM DIRECTOR	DATE			
TENNESSEE CERTIFIED TRAINING PROGRAM				
		/	/	
NOTE: PLEASE CHECK EACH CATEGORY INVOLVED IN THE STUDENT ROTATION THROUGH THE FACILITY. YOU MAY USE AN ATTACHMENT PAGE				

IF NECESSARY. DOCUMENT MUST ACCOMPANY REQUEST FOR COMMITTEE REVIEW.

REVISED 11-30-2021