

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	k.denise.burton@tn.gov	lynda.england@tn.gov

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CLINICAL FACILITY FACT SHEET (TRAINING ROTATION-STUDENTS)

PART I

INSTITUTION:	
ADDRESS:	
ADDRESS 2:	

CITY:		STATE:		ZIP CODE:	
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CLIA#		TELEPHONE:	
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BED SIZE IF HOSPITAL:		ANNUAL TEST VOLUME:	
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MEDICAL LABORATORY DIRECTOR:	
BOARDING OF LABORATORY DIRECTOR:	

FACILITY STUDENT CLINICAL COORDINATOR	
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TN LICENSE #		CATEGORY:	
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LABORATORY ACCREDITATION:		JCAHO		CAP		OTHER:	
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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 ()		

Specialties	Instrumentation	# of Students
V. IMMUNOHEMATOLOGY	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 LABORATORY SPACE:	SQUARE FEET
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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 CREDENTIALLED LABORATORIANS		

EDUCATION COORDINATOR/PROGRAM DIRECTOR TENNESSEE CERTIFIED TRAINING PROGRAM	DATE
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NOTE: PLEASE CHECK EACH CATEGORY INVOLVED IN THE STUDENT ROTATION THROUGH THE FACILITY. YOU MAY USE AN ATTACHEMENT PAGE IF NECESSARY. DOCUMENT MUST ACCOMPANY REQUEST FOR COMMITTEE REVIEW. REVISED 07/21/16 NVS