## **Hawaii Department of Health**

601 Kamokila Boulevard, Rm 395 Kapolei, Hawaii 96707

## **CLIA Program**

Tel: (808) 692-7420 Fax: (808) 692-7447

Please submit your laboratory's <u>TEST MENU</u> to the above address.			
Laboratory: Address:		CLIA No. 12D Telephone No. Facsimile No.	
TEST	METHOD or Instrument	Annual Volume	Proficiency Testing Program (Not applicable to Waived tests)
OBTAINING C CLIA CERTIFI	ND THAT ANY FALSE STATEMENT OR LIA CERTIFICATION MAY BE GROUND CATE UNDER 42 C.F.R. 493.1840(a)(1). JMENT IS TRUE.	S FOR REVOCATION OF 1	THE LABORATORY'S
SIGN	NATURE OF LABORATORY DIRECTOR OR DES	SIGNEE	DATE
PRINT NAME		PRINT TITLE	