Office of Health Care Quality - Laboratory Licensing Progra	FOR OFFICE USE ONLY
	ams Licence#: <u>RDT-</u>
7120 Samuel Morse Drive	Date Rec'd:
Second Floor Columbia, Maryland 21046	Date Rec d.
Phone: 410.402.8025 Fax: 410.402.8213	
	Testing Application
	Y INFORMATION
LABORATORY NAME:	CLIA NUMBER:
FACILITY ADDRESS:	MAILING ADDRESS (IF DIFFERENT THAN FACILITY ADDRESS):
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
CITI/STATE/EII CODE	CHT/STATE/EII CODE
PHONE NUMBER:	CONTACT PERSON:
THORE NOMES.	COMMON PERSON
FAX NUMBER:	EMAIL ADDRESS:
I ARORATORY DIR	LECTOR INFORMATION
DIRECTOR NAME:	DEGREE:
CERTIFICATION BY AMERICAN SPECIALTY BOARD (NAME, DATE, NUMBER):	STATE MEDICAL LICENSE:
Rare disease (see COMAR 10.10.01.03(64) for definition of	of "rare disease") licensure limits the licensee to perform not
more than 50 rare disease tests each year on specimer	
(COMAR 10.10.03.06(A)(2)(c)).	•
	ING PROGRAM, PLEASE DESCRIBE THE IN-HOUSE PROFICIENCY TESTING PROGRAM)
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DESCRIBE QUALITY CONTROL PROGRAM: OWNERSHIP INFORMATION NAME AND ADDRESS ATT I certify that the information provided in this application is true.	FEDERAL TAX ID (EIN#) ESTATION and complete. I agree to abide by the laws of Maryland governing
DESCRIBE QUALITY CONTROL PROGRAM: OWNERSHIP INFORMATION NAME AND ADDRESS ATT I certify that the information provided in this application is true medical laboratories, and I understand that any willful and know	TING PROGRAM, PLEASE DESCRIBE THE IN-HOUSE PROFICIENCY TESTING PROGRAM) FEDERAL TAX ID (EIN#)
DESCRIBE QUALITY CONTROL PROGRAM: OWNERSHIP INFORMATION NAME AND ADDRESS ATT I certify that the information provided in this application is true medical laboratories, and I understand that any willful and know requested information in this application may lead to a denial or license issued to this entity to offer or perform medical laboratories.	FEDERAL TAX ID (EIN#) FESTATION and complete. I agree to abide by the laws of Maryland governing ring false statement or representation, or failure to fully disclose the ficense, or the suspension or revocation of the rare diseases testing ory tests. I also understand that compliance with State laws and
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