



Washington State Department of
HEALTH
 Medical Test Site (MTS) Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700
 Fax: 360-236-4918
hsqafc@doh.wa.gov

Multiple Test Sites and Temporary Test Sites Request Form

Use this form to request add or remove additional locations on your existing MTS license or to provide notification of temporary testing sites or mobile units. Send this form to the address above.

To add a **permanent location(s)** to your existing license, verify that the MTS is a not-for-profit laboratory or state or local government laboratory that performs limited public health testing (combined total of 15 or less waived or moderate complexity tests) at different locations. If the MTS is not a state or local government laboratory, **you must provide a copy of your federal 501(c)(3) determination letter** to add locations. Laboratories within a hospital that are located at contiguous buildings on the same campus and under common direction may operate under a single license if they are at the same physical location or street address.

To add a temporary test site to your existing license, verify that the temporary test site is not at a fixed location, such as a mobile unit, health screening fair or other temporary location that may be covered by the existing license. If the temporary site is a mobile unit, the VIN number must be provided. A mobile unit is defined as a movable, self-contained operational laboratory with its own personnel, equipment and records.

Your Information	
MTS Name	
MTS License #	Clinical Laboratory Improvement Amendments (CLIA) #
Request Type	
<input type="checkbox"/> Add a permanent location(s) to an existing MTS license <input type="checkbox"/> Remove a permanent location(s) from an existing MTS license <input type="checkbox"/> Temporary testing location & mobile units notification For temporary location, provide type (e.g., health fair, mobile unit): _____ For mobile units, provide the vehicle identification number (VIN): _____	
1. Full address and zip code	
Phone (enter 10 digit #)	Date(s) of operation
Email address for MTS contact	
List tests to be performed (e.g., total cholesterol, triglycerides, blood glucose, COVID-19)	

2. Full address and zip code	
Phone (enter 10 digit #)	Date(s) of operation
Email address for MTS contact	
List tests to be performed (e.g., total cholesterol, triglycerides, blood glucose, COVID-19)	
3. Full address and zip code	
Phone (enter 10 digit #)	Date(s) of operation
List tests to be performed (e.g., total cholesterol, triglycerides, blood glucose, COVID-19)	

Use additional pages if needed.

Signature of Director:

I certify that the information included on this form is accurate:

Signature of Medical Test Site Director

Date (mm/dd/yyyy)