



LABORATORY EXEMPTION APPLICATION

Page 1 of 2

NEVADA STATE HEALTH DIVISION
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1030 Fax: (775) 684-1075
http://www.health.nv.gov/HCQC_Medical.htm

This application must be accompanied by a check for the appropriate amount made payable to the Nevada State Treasurer. Under Nevada Administrative Code (NAC) 652.488 the fee is non-refundable. Insufficient funds charge: \$25.00 per NAC 353C.400. **The fee for registration is \$500.00 and is valid for two years.** Regulations may be viewed at <http://leg.state.nv.us>.

Current State Exemption Number: _____

This application is for:

- New Lab Reactivation Outpatient Center of a Lab
- Changes to an Existing Exempt Lab Certificate

Licensed Lab Number: _____

Changes to an existing lab (check all that apply):

	Existing	New
<input type="checkbox"/> Test Addition		
<input type="checkbox"/> Director		
<input type="checkbox"/> Location		
<input type="checkbox"/> Ownership		
<input type="checkbox"/> Name		

The fee for making any changes to the director, location, name or test addition of the lab is \$300.00.

Laboratory/Business Name
Phone Number (starting with the area code)
Street Address
City
County
State
Zip Code
Director
Hours of Operation

Doing Business As (DBA)
Fax Number (starting with the area code)
Mailing Address (if different from street address)
City
County
State
Zip Code
Contact Person and Phone Number
CLIA Number

Criteria to qualify for exemption defined in NAC 652.155 are as follows:

1. (a) Physicians Performing Testing: The operating physician performs the tests on his own patients and makes his own readings of the tests. Please list all tests performed solely by the physician:

(b) Advanced Practitioner of Nursing (APN):
Name of APN _____

Tests performed by APN _____

(c) Physicians Assistant (PA):
Name of PA _____

Test performed by PA _____

LABORATORY EXEMPTION APPLICATION

Page 2 of 2

2. All Assistants Performing Waived Tests and/or Collecting Specimens:
A person who is employed by a laboratory that is licensed by or registered with the health division pursuant to NRS 652 may perform a test without complying with the provisions of NAC 652 if: (a) the test has been classified as a waived test pursuant to 42 C.F.R. Part 493, Subpart A; **and** (b) the director or designee of the director at the laboratory at which the test is performed:
- (a) verifies that the person is competent to perform the tests;
 - (b) ensures that the test is performed in accordance with instructions of the manufacturer of the test;
 - (c) validates and verifies the manner in which the test is performed by using controls which insure that the results of the test will be accurate and reliable.

List Laboratory Personnel

List Tests Laboratory Personnel Perform

3. Section 2 does not relieve a person who performs a test of the requirement to:
- (a) Comply with the policies and procedures that the director of the laboratory at which the test is performed has established pursuant to NAC 652.280; and
 - (b) Obtain certification pursuant to NAC 652.470.

Ownership Information:

List names and addresses of all individuals or organizations having direct or indirect ownership or control of 10% or more in the lab NRS 652.090. Please attach a complete listing if additional space is needed.

Name

Address

COPY OF PHYSICIAN'S CURRENT LICENSE (WALLET SIZE IS ACCEPTABLE) MUST BE INCLUDED.

MUST BE NOTARIZED BELOW

****I attest that the laboratory is in continued compliance with CDC's safe injection practices.*** I have read, understood and agree to comply with the rules and regulations pertaining to the specific type of laboratory for which licensure applications are herein made.

Lab Physician/Director's Signature

Please **PRINT and SIGN** Name
Must be an **ORIGINAL**: photocopies or signature stamps are not acceptable.

Name and Signature of Notary:

Date:

State of:

County of:

Subscribed and sworn before me this:

Day of: