|  |  |
| --- | --- |
| County / Site: | |
| Director/Lab Director: | |
| Street Address: | |
| City/State/Zip: | |
| Phone: | Fax: Website/email: |
|  | |

**See Examples Below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **testing personnel** | **education** | **laboratory**  **training/experience**  **(years)** | **authorized procedures** | **Testing**  **Personnel**  **Initials** |
| Happy Face R.N. | ADN | >5 years | HGB, glucose, urine dipstick, urine pregnancy,  fecal occult blood, lead care II, cholestech LDX, rapid HIV |  |
| Smiley Face R.N. | BSN | >5 years | HGB, glucose, urine dipstick, urine pregnancy,  fecal occult blood, lead care II, cholostech LDX, rapid HIV |  |
|  |  |  |  |  |
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Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

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