

**LIST OF TESTS PERFORMED ON-SITE & ANNUAL TEST VOLUME REPORT.**

Laboratory Name: \_\_\_\_\_.

Laboratory Address: \_\_\_\_\_, Date: \_\_\_\_\_.

For each test performed in your laboratory, list the **test** performed, **instrument** or method used, the **estimated annual test volume**, and (if applicable) the **proficiency testing program** (CAP, AAB, EXCEL, MLE, API, AAP, etc), that you are enrolled in. Continue on next page if necessary.

Test	Instrument / Kit	PT Program CAP, AAB etc	Annual Volume	CPT Code	<i>Complexity</i>	<i>Specialty</i>

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date