

# WMC Laboratory Services

## Client Services

### Outpatient Lab Drawing Stations

Williamson Medical Center Laboratory - Ground Floor	6:00 am - 6:00 pm Monday - Friday 6:00 am – 2:30 pm Saturday & Sunday
Williamson Medical Center Laboratory - First Floor	9:00 a.m. - 5 p.m. Monday - Friday
Williamson Medical Center Williamson Tower, Suite 601 - Sixth Floor	7 a.m. - 4:30 p.m. Monday - Friday

### Scheduled Procedures

Procedure	Call	Hours Available
Glucose Tolerance	435-5800	7 a.m. - 10 a.m.
Semen Analysis	435-5824	7 a.m. - 1 p.m.
Therapeutic Phlebotomy	435-5813	8 a.m. - 2 p.m.

### Client Supplies

- Supplies will be provided to collect and transport specimens to WMC.
- Due to the Stark Amendment rulings, WMC can provide only supplies that are returned to WMC.
- A supply order form is included in this manual.

### Courier services

Couriers have a designated schedule Monday through Friday.

- Monday-Friday 10 a.m. – 5:30 p.m.

Call **435-5800** for infrequent pick-up.

## **Reports**

There are several options to receive reports:

- Reports may be automatically printed to the physician's office when test is complete.
- Auto-faxed reports are generated and faxed when test is complete.  
*(Individual reports can be faxed upon request.)*
- Mail

## **Information on test(s) not in manual**

For additional test information, call WMC's Laboratory customer service at **435-5800**

## **Pathology services**

Wayne Lennington, M.D., board certified pathologist

1. Blood smear evaluation
2. Evaluation laboratory data
3. Further testing recommendation
4. Full anatomic pathology coverage
5. Bone marrow evaluation
6. Fine needle aspiration of palpable masses

## **Other WMC Laboratory Services**

### **Phlebotomy training for office staff:**

Lanie Newton, WMC Laboratory Outreach Manager  
435-5851

### **Coding consultation for lab tests:**

Patti Walton, WMC Laboratory Administrative Director  
435-5812

### **CLIA consultation and/or mock inspection (call to negotiate either hourly or per job fee):**

Lanie Newton, WMC Laboratory Outreach Manager  
435-5851

### **Medicare compliance issues:**

Patti Walton, WMC Laboratory Administrative Director 435-5812  
Lanie Newton, WMC Laboratory Outreach Manager 435-5851

### **Medical necessity consultation:**

Patti Walton, WMC Laboratory Administrative Director  
435-5812

### **In-services on laboratory procedures:**

Lanie Newton, WMC Laboratory Outreach Manager  
435-5851

### **Billing questions:**

Lanie Newton, WMC Laboratory Outreach Manager  
435-5851



## LABORATORY SUPPLY ORDER FORM

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TUBES	PKG	QTY	SENT
RED PLAIN	BX		
GOLD	BX		
LAVENDER	BX		
BLUE	BX		
GREEN	BX		
CONTAINERS	PKG	QTY	SENT
15 ML TISSUE	BX		
35 ML TISSUE	BX		
60 ML TISSUE	BX		
STOOL CUPS	PKG		
STER SPEC CUPS	PKG		
24 HR URINE JUG	EA		

NEEDLES	PKG	QTY	SENT
21 x 1 MULTI SAMPLE	BX		
22 x 1 MULTI SAMPLE	BX		
VACUTAINERS	PKG		
CULTURE/KITS	PKG	QTY	SENT
URINALYSIS TRANSPORT	BX		
URINE CULTURE C&S TRANSPORT	BX		
OVA & PARASITE	EA		
CULTURETTES	BX		
GEN PROBE MALE	EA		
GEN PROBE FEMALE	EA		
VIRAL TRANSPORT	EA		

FORMS	PKG	QTY	SENT
WMC REQUEST	100		
PATH / CYTOL FORM	Call ASSOC PATH 234-0610		
TRANSPORT	PKG	QTY	SENT
BAGS	PKG		
OTHER	PKG	QTY	SENT
TOWELETTES	BX		
TOURNIQUETS	BX		

TO BE COMPLETED BY OFFICE

DATE AND TIME \_\_\_\_\_  
 ORDER FAXED / COURIER \_\_\_\_\_  
 ORDERED BY \_\_\_\_\_

TO BE COMPLETED BY OFFICE

DATE RES'D ORDER \_\_\_\_\_  
 FILLED BY \_\_\_\_\_  
 DATE SHIPPED \_\_\_\_\_

**PLEASE SEND ORDER BY COURIER OR FAX TO 435-5799**  
**(WE NO LONGER ACCEPT ORDERS BY PHONE)**  
**PLEASE ALLOW 2 DAYS FOR PACKAGING AND DELIVERY OF SUPPLIES**  
**FOR QUESTIONS REGARDING YOUR SUPPLY ORDER CONTACT OUR CUSTOMER SERVICE DEPT @ 435-5800**  
**\* SPECIAL NOTE: DUE TO STARK REGULATIONS WE ARE UNABLE TO SUPPLY BUTTERFLIES**

FORM: 17017 Revised: 03-16-11

## Requisitions and Billing

### Client bill

Lab work will be billed monthly to the physician.

### Information required on the requisition:

- ✓ Name
- ✓ Date of birth
- ✓ Social security number
- ✓ Physician
- ✓ Patient telephone number
- ✓ Sex

### Patient bill

The Medical Center will bill the patient's insurance company or the patient directly if no insurance information is received.

### Information required on the requisition:

- ✓ Name
- ✓ Date of birth
- ✓ Social security number
- ✓ Sex
- ✓ Physician
- ✓ Patient phone number
- ✓ Address
- ✓ Copy of insurance card, both sides
- ✓ Reason for test

# OUTPATIENT LAB REQUISITION



FRANKLIN, TN 37067 MEDICAL DIRECTOR  
615-435-5800 WAYNE J. LENNINGTON, M.D.

REFERRING PHYSICIAN/LABORATORY

STAT

NAME - (PLEASE PRINT) LAST FIRST MIDDLE

DATE OF BIRTH SEX PATIENT TELEPHONE

SOCIAL SECURITY NO. RACE CHART NO.

POLICY HOLDER (FIRST, LAST, M.I.) D.O.B.

SELF SPOUSE DEPENDENT OTHER

STREET ADDRESS

CITY STATE ZIP

PRIMARY INSURANCE: FRONT & BACK COPY OF CARD ACCEPTED

ID NO. GROUP # INSURANCE PHONE #

SECONDARY INSURANCE: FRONT & BACK COPY OF CARD ACCEPTED

DIAGNOSIS CODE/REASON FOR TEST(S):

SPECIMEN COLLECTION: OFFICE, NURSING HOME, HOME HEALTH

DATE TIME COLLECTOR

REFERRING PHYSICIAN:

**BILL TO**  MY ACCOUNT(CLIENT)  PATIENT/INSURANCE/(WMC TO BILL)

ARM BAND PHLEBO  
DATE ACCESS  
TIME V #

GOLD	PANELS / PROFILES	TEST CONT	TEST CONT	MICROBIOLOGY TEST
	BASIC METABOLIC (BMP) GRLT/G	CBC w/ PLT P	IRON BINDING GRLT/G	AFB
	COMP METABOLIC (CMP) GRLT/G	CBC w/ PLT DIFF P	LIPASE GRLT/G	SOURCE:
RED	ELECTROLYTES GRLT/G	CEA GRLT/G	LITHIUM G	FUNGAL CULTURE
	LIPID PANEL GRLT/G	CORTISOL GRLT	MAGNESIUM GRLT/G	SOURCE:
	(LIVER) HEPATIC PANEL GRLT/G	CPK GRLT/G	MEASLES IGG G	GEN PROBE (GC/CL)
LAV	RENAL FUNCTION PANEL GRLT/G	CREATININE GRLT/G	METHYLMALONIC ACID G	SOURCE:
	AFP (QUAD) 2G	CRP HIGHLY SENSITIVE GRLT/G	MICROALBUMIN RANDOM U	GROUP B SCREEN
	ANA DIAGNOSTIC 2G	CRP-INFLAMMATION GRLT	MONO TEST G/R/P	SOURCE:
BLUE	ANTI-PHOSPHOLIPID G 2B	CYSTIC FIBROSIS (CF70) LGP	PREG TEST SERUM QUAL G	HERPES CULTURE
	BORRELIA BURGSDORFERI (LYMES) G/M reflex IB BANDS 2G	DEPAKENE GRLT/G/R	PREG TEST URINE U	SOURCE:
	CYTOMEGALOVIRUS AB G/M 2G	DIGOXIN GRLT/G/R	PROGESTERONE GRLT/G	OTHER CULTURE
YELLOW	GTT <input type="checkbox"/> 2 HR <input type="checkbox"/> 3 HR <input type="checkbox"/> 4 HR	DILANTIN R	PROLACTIN GRLT/G	SOURCE:
	1/2 HR INCLUDED	ESTRADIOL GRLT/G	PROTIME W/ INR B	OCCULT BLOOD (GUIAC)
	HEPATITIS ACUTE PROFILE 3G	FERRITIN GRLT/G	PSA DIAGNOSTIC GRLT/G	SOURCE:
GREEN LT	HEMOGLOBIN ELECT PNK	FOLATE GRLT/G	PSA ANNUAL SCREEN GRLT/G	C. DIFF TOXIN
	OB GTT NO 1/2 HR <input type="checkbox"/> 2HR <input type="checkbox"/> 3HR	FSH GRLT/G	PTH INTACT ONLY P	OVA & PARASITES
	OB PANEL 2G/R/P/LGP	FREE T3 G	RA G	STOOL CULTURE
PNK	PARVOVIRUS B-19 G/M AB 2G	FREE T4 GRLT/G	RETIC P	STOOL WBC (LEUKOCYTES)
	PROTEIN ELECT, SERUM 2G	GLUCOSE GRLT/G	RPR R/G	STREP SCREEN
	<b>TEST</b>	HAPTOGLOBIN G	RUBELLA GRLT/G	THROAT CULTURE
SERUM	AFP-TUMOR MARKER G	HBs AB G	SED RATE P	URINE CULTURE
	AMYLASE GRLT/G	HBs AB (QUANT) G	T3 UPTAKE GRLT/G	VAGINAL CULTURE
	ANA SCREEN G	HBs AG W/ REFLEX G	THYROXINE (T4) GRLT/G	VIRAL CULTURE
PLASMA	APTT B	HEPATITIS C VIRUS G	TESTOSTERONE GRLT/G	SOURCE:
	BNP NT-PRO GRLT/G	HGB A1C P	uTSH GRLT/G	WOUND CULTURE
	B HCG (QUANT) GRLT/G	HLAB-27 Y	URIC ACID GRLT/G	SOURCE:
SLIDE	BILI T (ADULT) GRLT/G	HIV SCREEN GRLT/G	UA with AUTOMICROSCOPIC U	24 HOUR URINE TEST
	BILI C (ADULT) DIRECT GRLT/G	HOMOCYSTEINE CARDIO PNK/P/R/G	URINALYSIS/REFLEX UR CULTURE U	
URINE	BILI N (BABY) TOTAL, CONJ, UNCONJ (AMBER BULLET)	H. PYLORI GRLT/G	VANC: GRLT/G/R	
	CALCIUM GRLT/G	IGE G	VITAMIN B-12 GRLT/G	
		IMMUNOGLOBULINS (G/AM) GRLT/G	VITAMIN D (25OH) TOTAL 2G	
		INSULIN LEVEL G	WBC P	
		IRON GRLT/G		
CULT	OTHER TESTS			
MISC				

U = URINE B = LT BLUE R = RED TOP OUTPATIENT LAB REQUISITION  
 PNK = PINK TOP P = PURPLE TOP Y = YELLOW TOP Physician Signature \_\_\_\_\_  
 GRLT = LIGHT GREEN TOP OR G = GOLD TOP LAB COPY

## Medicare testing

### Complete mandatory information

- ✓ Name
  - ✓ Address
  - ✓ Date of birth
  - ✓ Sex
  - ✓ Social security number
  - ✓ Physician name
  - ✓ **Reason for each test or Medicare approved panel**
- Medicare request form follows.
  - WMC laboratory will not process any test or Medicare panel that does not include an appropriate **reason for test**.
  - When the physician believes the tests ordered are not medically necessary as defined by Medicare, the patient must sign the advance beneficiary notice (ABN) for fiscal responsibility. It is located on the back of the Medicare requisition.
  - Williamson Medical Center Laboratory staff will call for a reason for the test if the reason supplied does not pass medical necessity and the patient has not signed the ABN.

### **Order only the tests necessary for diagnosis and treatment of patients and not for screening.**

Inform the patient that Medicare will not pay for screening lab tests and have them sign the advanced beneficiary notice (ABN). Physician is to complete the provider notice.

Call Patti Walton at 435-5812 or Lanie Newton at 435-5851 if you have any questions regarding Medicare testing.

## MEDICARE ADVANCE BENEFICIARY NOTICE



### ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** If Medicare doesn't pay for (D) \_\_\_\_\_ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for then (D) \_\_\_\_\_ below.

(D) _____	Reason Medicare May Not Pay:	Estimated Cost:

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the (D) \_\_\_\_\_ listed above.  
**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you have, but Medicare cannot require us to do this.

OPTIONS:	Check only one box.	We cannot choose a box for you.
<input type="checkbox"/>	<b>OPTION 1.</b> I want the (D) _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I <b>can appeal to Medicare</b> by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.	
<input type="checkbox"/>	<b>OPTION 2.</b> I want the (D) _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I <b>cannot appeal if Medicare is not billed.</b>	
<input type="checkbox"/>	<b>OPTION 3.</b> I don't want the (D) _____ listed above. I understand with this choice I am <b>not</b> responsible for payment, and I <b>cannot appeal to see if Medicare would pay.</b>	

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227 / TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

<b>Signature:</b>	<b>Date:</b>
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According to the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



## Laboratory Reflex Testing

Reflex testing is performed after initial test results are determined. Reflex testing is used to further identify significant diagnostic information required for appropriate patient care. Additional billable tests will be generated.

The following tests fall into this category:

### General lab

#### RA test (rheumatoid factor, qualitative)

- CPT code 86430
- If positive, qualitative reflexes with CPT code 86431 for rheumatoid titer.

#### RPR (syphilis test: qualitative)

- CPT code 86592
- If reactive, first occurrence reflexes syphilis test quantitative TPPA with CPT code 86781.

#### HIV I

- CPT code 86701
- If screen is positive and repeats, HIV antibody confirmatory test Western Blot will reflex CPT code 86689.

### Microbiology

#### Urine culture with colony count

- CPT code 87086
- Definitive identification each organism CPT code 87077
- Sensitivity each CPT code 87184
- Limit two organisms identified

#### Stool culture

Screen for salmonella, shigella, campylobacter, and e.coli 0157

- CPT code 87045 for salmonella/shigella set-up
- CPT code 87045 for campylobacter
- CPT code 87045 for e. coli 0157
- Sensitivity each CPT code 87184
- Definitive ID each CPT code 87077
- Yersinia – screened when ordered. CPT code 87046

**Blood culture**

- CPT code 87040
- Definitive ID each CPT code 87077
- Sensitivity each CPT code 87184
- No limit on number of organisms identified

**Strep screen**

- Quick strep CPT code 87430
- If quick strep negative, throat culture reflexes CPT code 87070.

**Culture other than stool urine, blood or throat**

- CPT code 87070 aerobic
- CPT code 87075 anaerobic
- Gram stain CPT code 87205
- Definitive ID each organism CPT code 87077
- Sensitivity each CPT code 87184

## Series Order Policy/Procedure

Williamson Medical Center Laboratory accepts series orders if valid, documented, medically necessary and monitored for appropriateness.

These orders are valid for no longer than six months.

Each initial order must contain the following to be accepted as series:

1. Physician generated order
2. Statement that testing is to be "series"
3. Frequency of testing
4. End date, which cannot exceed six months
5. Reason for test(s)
6. Test(s) desired
7. Physician signature

If an established series patient comes in for additional testing, we will need an order and reason for the test.

Williamson Medical Center Lab will notify the ordering physician via fax or printer when the series order is near expiration. We will send the attached form if the physician desires to renew the series order.

# New/Renewal Series Orders Outpatient Laboratory

<b>WILLIAMSON MEDICAL CENTER</b>  <b>NEW/RENEWAL SERIES ORDERS</b> <b>OUTPATIENT LABORATORY</b>		
TO WHOM IT MAY CONCERN/DR:		
PATIENT NAME: SS#:	DOB:	SEX:
HAS ORDERS FOR SERIES LABWORK:	RACE: <input type="checkbox"/> AFRA <input type="checkbox"/> CAU <input type="checkbox"/> OTHER	
WHICH WILL OR HAS EXPIRED ON: _____ .TO COMPLY WITH FEDERAL AND STATE REGULATIONS, IT IS OUR POLICY TO VERIFY ALL STANDING ORDERS IN WRITING, AND TO RENEW EACH STANDING ORDER <b>EVERY SIX MONTH</b> TO AVOID ANY DELAYS WITH PATIENT CARE, PLEASE COMPLETE THE INFORMATION BELOW AND FAX TO (615) 435-5798.		
<b>TEST NAME</b>	<b>REASON FOR EXAM</b>	<b>FREQUENCY</b>
CANCEL STANDING ORDERS: <input type="checkbox"/>		
START DATE: _____ END DATE: _____		
PHYSICIAN'S SIGNATURE: _____ DATE: _____		
PLEASE CALL (615) 435-5800 REGINA HAYNES IF YOU HAVE ANY QUESTIONS THANK YOU. P.O. Box 681600 * Franklin, Tennessee 37068-1600 * (615) 435-5800		
Name of Policy Holder (First, Last, MI)		DOB
Relationship to Patient <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other		
Street Address		
City	State	Zip
Primary Insurance		Secondary Insurance
<b>LAB USE ONLY</b> V# _____ Date/Time: _____ Collector: _____		

## **Specimen Processing**

### **Specimen receiving**

- Specimens may be dropped off in the Laboratory 7 days a week, 6 a.m. – 7 p.m.
- Please call 435-5800 for drop offs after 7 p.m.

### **Criteria for acceptance of laboratory specimens**

- Specimen must be labeled
- Specimen must be appropriate to the test ordered
- Specimen must have an order

### **Criteria for specimen rejection**

- Grossly lipemic or hemolyzed specimens may not be acceptable for many tests.
- Improper specimen – test cannot be performed due to reasons such as QNS (quantity not sufficient), wrong anticoagulant for test, clotted, etc.
- Broken tubes or leaking containers

### **Office notification of specimen rejection**

- Lab outreach staff will notify physician office of specimen rejection.
- Documentation of notification and resolution will be sent to physician office.
- Comment will appear on the patient report.
- Proper billing adjustments will be made.

### **Repeat determinations**

- If physician questions a laboratory result, the test will be repeated at no charge.
- If the patient needs to be redrawn, physician must reorder test. Reason for redraw and “no charge” should be documented on the requisition.

## Phlebotomy

### Unscheduled procedures

Location	Hours of operation
Williamson Medical Center Laboratory - Ground Floor	6:00 am - 6:00 pm Monday - Friday 6:00 am - 2:30 pm Saturday & Sunday
Williamson Medical Center Laboratory - First Floor	9:00 a.m. - 5:00 p.m. Monday - Friday
Williamson Medical Center Williamson Tower, Suite 601 – sixth floor	7:00 a.m. - 4:30 p.m. Monday - Friday

### Scheduled procedures

Procedure	Phone Number	Hours available
Glucose tolerance	435-5800	7 a.m. - 10 a.m.
Semen analysis	435-5824	7 a.m. - 1 p.m.
Therapeutic phlebotomy	435-5813	8 a.m. - 2 p.m.

### Order of draw vacutainer tubes

Top color	Additive	Instructions
Red <input type="checkbox"/> glass	None	
Light blue	Sodium citrate	Always draw another tube first Immediately invert 5-10 times
Gold <input type="checkbox"/> serum separator	Clot activator and gel	Immediately invert 5-10 times
Red <input type="checkbox"/> plastic	Clot activator	Immediately invert 5-10 times
Green	Lithium or sodium heparin	Immediately invert 5-10 times
Yellow	Acid citrate dextrose (ACD)	Immediately invert 5-10 times
Purple	EDTA	Immediately invert 5-10 times
Gray	Potassium oxalate - sodium fluoride	Immediately invert 5-10 times
Royal blue	Plain or Sodium Heparin - heavy metal free	Immediately invert 5-10 times

## Critical and Abnormal Results

### Critical results

- WMC Laboratory policy states that the physician, physician assistant, or nurse will be notified of all critical values. If the office is closed, Laboratory staff will attempt to reach the physician or physician on call.
- See critical result table.

### Abnormal results

Abnormal results will be called to the physician, physician assistant, or office nurse as soon as possible. If the office is closed, the Lab outreach staff will report the abnormal value as soon as the physician office is opened.

Abnormal results	
Test	Value
WBC	<3,000 or >15,000 k/cmm (Non-Oncology)
Bands	>10%
Atypical lymphs	>15%
Platelets	<70,000 or >600,000 k/cmm (non- Oncology)
Glucose	>300 mg/dl
SGOT	>500u/L (initial)
SGPT	>500 u/L (initial)

## Laboratory Critical Values

Test	Low Level	High Level
Bilirubin total (newborn)		≥ 18.00 mg/dl
Sodium □ serum/plasma	≤ 120 meq/l	≥ 165 meq/l
Potassium □ serum/plasma	≤ 2.8 meq/l	≥ 6.5 meq/l
Potassium □ newborn serum/plasma	< 3.0 meq/l	> 6.0 meq/l
Glucose □ serum/plasma	≤ 40 mg/dl	≥ 500 mg/dl
Glucose □ newborn serum/plasma	< 40 mg/dl	> 150 mg/dl
Calcium □ serum/plasma	≤ 6.0 mg/dl	≥ 13.0 mg/dl
Hematocrit	≤ 21%	≥ 60.0%
Hemoglobin	≤ 7 gm initial low value or questionable subsequent 2 gm drop	
WBC	≤ 1,500 (initial low value)	≥ 50,000 (initial high value)
Platelet Newborn < 50,000	≤ 30,000 Report initial value then call only if value decreases by >20,000 cu/mm or falls below 10,000	≥ 1,000,000
MMB (CKMB)		≥ 4.13 ng/ml
CTNI (Troponin I)		≥ 0.120 ng/ml
INR		> 5

All positive Blood Cultures, CSF Fluid, other normally sterile body fluids, Gp B strep Antigen must be reported to the physician immediately.  
See separate Microbiology Panic list.

Toxic Drug Levels		
Test	Toxic level	Toxic levels
Carbam	> 15 ug/ml	
Acetaminophen	> 50 ug/ml	
Digoxin	> 2.0 ug/ml	
Dilantin	> 30 ug/ml	
Salicylate	> 30 mg/dl	
Theophylline	> 25 ug/ml	
Valproic acid	> 100 ug/ml	
Gentamycin	> 4 ug/ml (trough)	> 10 ug/ml (peak)
Vancomycin	> 25 ug/ml (trough)	



## Collection and transportation of clinical specimens for microbiology

Specimen	Collection equipment	Transport	Instructions (comments)
Anaerobe <input type="checkbox"/> special request	Capped syringe Anaerobic swab Transport device	No refrigeration needed Use anaerobic transport method To Lab ½ hour	<ol style="list-style-type: none"> <li>1. Remove needle and cap syringe.</li> <li>2. Avoid all O<sub>2</sub> exposure.</li> <li>3. Expel air from syringe.</li> <li>4. Label properly.</li> <li>5. Do not refrigerate.</li> </ol>
Blood	Commercial kit needle and syringe	5-10 ml blood/bottle 2 bottles; one aerobic, one anaerobic <input type="checkbox"/> do not refrigerate	<ol style="list-style-type: none"> <li>1. Collected by laboratory personnel.</li> </ol>
CSF	Surgical prep and collection by physician Sterile screw-cap or snap-cap tubes	Transport in collection tube Do not refrigerate To Lab immediately <input type="checkbox"/> ¼ hour	<ol style="list-style-type: none"> <li>1. Collected by physician.</li> </ol>
Ear	Aspirate from tympanocentesis (otitis media) Swab of drainage	Transport medium	<ol style="list-style-type: none"> <li>1. Clean external ear surface.</li> <li>2. CAREFULLY take representative area.</li> <li>3. Label properly.</li> </ol>
Eye	Swab (small) for each eye Corneal scraping (by physician)	Transport medium	<ol style="list-style-type: none"> <li>1. Do not touch external skin.</li> <li>2. Obtain maximum material <input type="checkbox"/> culture both eyes.</li> <li>3. Label properly.</li> </ol>
Feces	Clean or sterile collection cup Swab (only if necessary)	To Lab within ½ hour	<ol style="list-style-type: none"> <li>1. Best specimen is diarrheal stool.</li> <li>2. Swab is satisfactory in acute cases but not for routine specimens or surveys.</li> <li>3. Insert swab beyond anal sphincter.</li> <li>4. Diaper not acceptable.</li> <li>5. Specimen must be free of barium</li> <li>6. Formed stools will be rejected for O &amp; P and C-Diff testing.</li> </ol>
Throat	Swab (tongue blade is necessary)	Transport medium	<ol style="list-style-type: none"> <li>1. Use TONGUE BLADE.</li> <li>2. Sample ONLY back of throat between and around the tonsillar area thoroughly.</li> <li>3. Avoid cheeks, teeth, etc.</li> </ol>

*Collection and transportation of clinical specimens for microbiology (continued)*

<b>Specimen</b>	<b>Collection equipment</b>	<b>Transportation</b>	<b>Instructions (comments)</b>
Urine (mid-stream)	Sterile screw-cap cup	Transport in collection container or transport tube with preservative.	<ol style="list-style-type: none"> <li>1. Give patient clear and detailed instructions</li> <li>2. Refrigerate after collection, if not collected in transport tube with preservative.               <ol style="list-style-type: none"> <li>a. Refrigerated urine must be delivered to the lab within 24 hours.</li> <li>b. If urine is not refrigerated, it must be delivered to lab within 2 hours.</li> </ol> </li> <li>3. Preserved urine (gray top) tubes must be delivered to lab within 48 hours of collection.</li> </ol>
Urine (catheterized)	Sterile screw –cap tube syringe	Sterile Tube, To Lab ½ hour	<ol style="list-style-type: none"> <li>1. Collect from catheter line.</li> <li>2. Refrigerate upon receipt</li> <li>3. Decontaminate line as with venipuncture or use port.</li> </ol>
Wounds (surface)	Swab	Transport medium To Lab ½ hour	<ol style="list-style-type: none"> <li>1. Decontaminate surrounding skin.</li> <li>2. Open lesion and express pus onto swab; sample advancing margin of lesion.</li> <li>3. Label properly.</li> </ol>
Wound (deep)	Syringe Anaerobic swab kit Aerobic swab (culturette)	Transport aspirate in the collecting syringe (remove needle and cap syringe)  <i>or</i> Place aspirate into anaerobic transport container or vial  <i>or</i> Collect pus onto swab and place directly into anaerobic transport To Lab ½ hour	<ol style="list-style-type: none"> <li>1. Label anaerobic swab set (specimen) properly.</li> <li>2. Include detailed source.</li> </ol>
GC □ Bacterial Culture	Swab (culturette)	Do not refrigerate Immediate CO <sub>2</sub> for GC To Lab immediately	<ol style="list-style-type: none"> <li>1. Collect cervicals with a swab inserted through a speculum</li> <li>2. Avoid touching swab to uninfected mucosal</li> </ol>

			surfaces 3. Clean external urethra before taking urethral specimen 4. Label properly
--	--	--	--

*Collection and transportation of clinical specimens for microbiology (continued)*

<b>Specimen</b>	<b>Collection equipment</b>	<b>Transportation</b>	<b>Instructions (comments)</b>
Genital - Viral Herpes	Swab Viral transport media (obtain from Lab)	Media must be kept at 2° - 8° C to assure viability of virus. To Lab immediately.	<ol style="list-style-type: none"> <li>1. Collect cervicals with a swab inserted through a speculum.</li> <li>2. Avoid touching swab to uninfected mucosal surfaces.</li> <li>3. Clean external urethra before taking urethral specimen.</li> <li>4. Label properly.</li> </ol>
Genital Chlamydia/GC (Female) Endocervical	Gen-Probe® endocervical collection kit	Transport to Laboratory at 2° - 25° C.	<ol style="list-style-type: none"> <li>1. Remove excess mucus from cervical os and surrounding mucosa using one of the provided swabs. <u>Discard this swab.</u></li> <li>2. Insert second swab 1 to 1.5 cm into canal. Use provided swab only.</li> <li>3. Rotate clockwise for 10-30 seconds to ensure adequate sampling.</li> <li>4. Withdraw swab carefully avoiding contact with vaginal mucosa.</li> <li>5. Fully insert swab into the Gen-Probe® transport tube. Snap off shaft at score line. Cap tube tightly and transport to Lab.</li> <li>6.</li> </ol>
Urethral Chlamydia/GC (Male)	Gen-Probe® urethral collection kit	Transport to Laboratory at 2° - 25° C.	<ol style="list-style-type: none"> <li>1. Patient should not have urinated for at least 1 hour prior to sampling.</li> <li>2. Insert provided swab 2-4 cm into urethra. Rotate to ensure contact with all urethral surfaces. Leave inserted for 2-3 seconds.</li> <li>3. Withdraw swab and insert into the Gen-Probe® transport tube.</li> <li>4. Snap off shaft at score line.</li> <li>5. Cap tube tightly and transport to Lab.</li> </ol>
Nasopharynx	Cotton-dipped nichrome stainless wire-28 ga	Do not refrigerate transport medium	<ol style="list-style-type: none"> <li>1. Nasal speculum helpful.</li> <li>2. Pass through nose into nasopharynx.</li> <li>3. Allow to remain for a few seconds.</li> <li>4. Carefully withdraw.</li> <li>5. Label properly.</li> </ol>

*Collection and transportation of clinical specimens for microbiology (continued)*

<b>Specimen</b>	<b>Collection equipment</b>	<b>Transportation</b>	<b>Instructions (comments)</b>
Nose	Swab	Transport medium	<ol style="list-style-type: none"> <li>1. Swab anterior nares only.</li> <li>2. Culture quickly.</li> </ol>
Sinus (tract)	Curet or surgical specimen	Transport medium	<ol style="list-style-type: none"> <li>1. Insert and remove carefully.</li> </ol>
Sinus (paranasal)	Aspirate	Transport medium	<ol style="list-style-type: none"> <li>1. Insert and remove carefully.</li> </ol>
Sputum	Sterile cup	Refrigerate if needed Transport in collection container To Lab within ¼ hour from collection	<ol style="list-style-type: none"> <li>1. Carefully instruct patient to cough deeply (not to spit).</li> <li>2. First morning specimen is best (no 24-hour collection).</li> <li>3. Transport immediately; seal container tightly.</li> <li>4. Consider sputum potentially contaminate with <i>M. tuberculosis</i>.</li> <li>5. Respiratory Therapy is responsible for the collection and delivery to the Lab - all sputum specimens.</li> </ol>
Bordetella pertussis	Cotton-dipped nichrome stainless wire-28 ga  Collected by nursing staff.	Do not refrigerate. Place each swab in transport media obtained from the lab.	<ol style="list-style-type: none"> <li>1. Nasal speculum helpful.</li> <li>2. Pass through nose into nasopharynx.</li> <li>3. Allow to remain for a few seconds.</li> <li>4. Carefully withdraw.</li> <li>5. Label properly.</li> </ol>
RSV	RSV swab (Call Micro lab to obtain). Collected by nursing staff.	Room Temperature	<ol style="list-style-type: none"> <li>1. Nasal speculum helpful.</li> <li>2. Pass through nose into nasopharynx.</li> <li>3. Allow to remain for a few seconds.</li> <li>4. Carefully withdraw.</li> <li>5. Label properly.</li> </ol>
Influenza A & B Screen	Foam tip swab (call Micro lab to obtain).	Room Temperature	<ol style="list-style-type: none"> <li>1. Nasal speculum helpful.</li> <li>2. Pass through nose into nasopharynx.</li> <li>3. Allow to remain for a few seconds.</li> <li>4. Carefully withdraw.</li> <li>5. Label properly.</li> </ol>

Ref: Specimen Management in Clinical Microbiology, J. Michael Miller @ American Society for Microbiology, 1996  
10/05/96 AB:jc  
BACTE\COLLTRAN.SPE

## Glucose Tolerance Test - Patient Instructions

Patient Name \_\_\_\_\_

Test schedule date \_\_\_\_\_ Time \_\_\_\_\_

Physician \_\_\_\_\_

### Patient checklist

- Eat as you normally would for the three days before the test.
- Do not eat or drink anything except water for **8 - 12 hours** before coming in for your test.
- Do not smoke for two hours before or during the test.
- Do not exercise for 12 hours before the test.
- Let the receptionist know if you do not feel well before or during the test.
- Remain in the Lab waiting area between each blood draw. You will need to be in the Lab at least five minutes before each blood draw.
- Other tests, such as a mammogram or X-ray, cannot be scheduled during the glucose tolerance test. Other tests must be done after the tolerance test is completed.

**The glucose tolerance test will be rescheduled if the above instructions are not followed. It is important that you follow all guidelines for accurate results.**

## Semen Analysis □ Patient collection instructions

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Wife's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Analysis schedule date \_\_\_\_\_ Time \_\_\_\_\_

Physician \_\_\_\_\_

### Patient instructions

- If your physician has not already made an appointment for you, make an appointment with Williamson Medical Center's Laboratory at 435-5824.
- Do not have sexual intercourse or masturbate for 2-5 days (or time stated by physician) but not more than 7 days.
- Obtain a sterile container from the physician's office or Williamson Medical Center's Lab.
- Collect semen by masturbation.
- Collect entire semen into the sterile container.
- Do not use a condom. Condoms contain a substance that kills sperm.
- Write your name on the container.
- Wrap container in a warm towel. Avoid extreme heat or cold; keep as close to body temperature as possible.
- Bring towel-wrapped specimen container to the Lab within 30 minutes of collection. Do not exceed **one hour**.
- On arrival to the Lab with the specimen you will need to provide some information at the front desk.



# Semen Analysis Report

## SECTION I: PATIENT INFORMATION

NAME: \_\_\_\_\_

TEST DATE \_\_\_\_\_

D.O.B. \_\_\_\_\_

WIFE'S NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

## SECTION II: SPECIMEN COLLECTION INFORMATION (to be filled out by patient)

1. Time specimen collected: \_\_\_\_\_  AM  PM
2. Method of collection:  Masturbation  Other (explain)
3. Type of specimen container:  Sterile  Non-Sterile
4. Total specimen (ejaculate) in container:  YES  NO
5. Period of abstinence: \_\_\_\_\_ Days
6. Transport temperature:  Normal  Hot  Cold

## SECTION III: ANALYSIS INFORMATION (to be filled out by technologist performing analysis)

1. Time specimen received: \_\_\_\_\_  AM  PM
2. Time analysis started: \_\_\_\_\_  AM  PM
3. Ambient temperature: \_\_\_\_\_ (23 - 25° C)
4. Color: \_\_\_\_\_ (Pearl White)
5. Volume \_\_\_\_\_ (2 - 5 ml)
6. Viscosity:  Normal  High (Normal)
7. Characteristics: \_\_\_\_\_
8. Sperm concentration: \_\_\_\_\_ x10<sup>6</sup>/ml (20 to 60 mil/ml)  
A. Centrifuged prep: \_\_\_\_\_ (present or none seen)
9. Round cell concentration: \_\_\_\_\_ x10<sup>6</sup>/ml (0 - 1 %)
10. Motility: \_\_\_\_\_ (50 - 100 %)
11. Forward progression: \_\_\_\_\_ (2+ - 4+)
12. Morphology: sent to associated pathologists
13. Time Completed: \_\_\_\_\_  AM  PM

NOTES OR COMMENTS:

TECH: \_\_\_\_\_

## Therapeutic Phlebotomy □ Patient Instructions

**Patient  
Name** \_\_\_\_\_

**Phlebotomy schedule  
date** \_\_\_\_\_

**Time** \_\_\_\_\_

**Physician** \_\_\_\_\_

Your physician has ordered phlebotomy therapy. Phlebotomy can be ordered for a variety of disease conditions and usually is performed on a regular basis until the hemoglobin or iron has reached a satisfactory level.

- Bring your physician orders on your first visit.
- After your first appointment, please call 435-5813 to schedule your next appointment.
- Your appointment must be scheduled during the time a pathologist is present. Their hours are Monday through Friday, 8 a.m. - 2 p.m.
- Your blood will be drawn to run tests before we can proceed with your Phlebotomy.
- Plan on being at Williamson Medical Center for at least an hour.
- Please eat before you come in for your test.

## Risks and Benefits of Phlebotomy

Phlebotomy therapy has been ordered by your physician. The primary benefit of phlebotomy is lowering hemoglobin and the secondary is reduction of iron stones. Phlebotomy can be ordered for a variety of disease conditions and usually is performed on a regular basis until the hemoglobin or iron level has reached a satisfactory level.

You should follow these instructions after your phlebotomy:

1. Sit up from phlebotomy position only after you have been given permission by medical personnel.
2. Eat and drink something before leaving.
3. Do not leave until released by a Medical Center staff member.
4. Drink more fluids than usual during the next four hours.
5. Do not smoke for approximately one hour after phlebotomy.
6. It is advisable **not** to intake alcohol on the day of the phlebotomy.
7. If bleeding is noted from the phlebotomy site, raise your arm and apply firm pressure to the site.
8. If you feel faint or dizzy, sit down with your head between your knees. Additionally, cold compresses to the forehead or back of the neck can be helpful.
9. If these symptoms persist, return to blood bank or see our physician.
10. You may remove the bandage after four hours.
11. If you become nauseated or vomit, breathe slowly and deeply. Rinse your mouth and apply cold compresses to your forehead.

A variety of reactions can occur after phlebotomy; common and rare reactions are listed below:

**Common**  syncope (fainting), weakness, sweating, dizziness, pallor (loss of color)

**Uncommon**  drop in blood pressure, nausea and/or vomiting, hematoma of phlebotomy site, heart palpitations

**Rare**  loss of continence (involuntary passage of feces or urine), loss of consciousness, convulsions, severe breathing problems

Hopefully, you will have few or none of these complications. It is recommended that you contact your physician or the blood bank if you have any of the **uncommon** or **rare** complications.

## Ova and Parasite Patient Collection Instructions

**Patient  
Name** \_\_\_\_\_

**Date(s) of collection** \_\_\_\_\_

**Physician** \_\_\_\_\_

Your physician has given you orders for the collection of stool to detect intestinal parasites. Please use the following guidelines to collect your specimen. If your physician has ordered three stools for ova and parasite, the collections must be done on separate days.

### **PATIENT GUIDELINES**

- Your physician will provide you with a collection cup and ova and parasite kit.
- Collect the stool into the collection cup. Any clean container, such as a margarine tub may be used if you did not receive a collection cup.
- There is a fill line on each ova and parasite container. Add stool until the fluid reaches this line using the little shovel attached to the lid in each container.
- Mix the stool with the fluid in the container.
- Put your name on the ova and parasite containers the day and date you collected the stool and mark whether the stool was watery, soft, or hard.
- Take the specimen to the Lab as soon as possible.

## 24-hour Urine Collection - Patient Instructions

For proper evaluation of tests on a 24-hour urine sample, it is necessary that a **complete** collection be made. This procedure should be followed carefully. Your physician may give you special instructions for diet and medication.

1. When you get up in the morning, empty your bladder (void completely) and flush normally.

Write down the time \_\_\_\_\_

Write down the date \_\_\_\_\_

2. Collect **all** the urine for the next 24 hours.

Void into the plastic cup and pour into the jug provided.

Do **not** void into the collections bottle!! Some bottles contain acid.

3. Make your final collection when you void the next morning at the **same hour** you began. Empty your bladder completely.

Write down the time \_\_\_\_\_

Write down the date \_\_\_\_\_

4. Keep the urine refrigerated if indicated.

5. Bring to the Lab as soon as possible after the 24-hour collection is complete.

## How to collect “clean catch” urine for laboratory testing.

To provide the physician with the most accurate results, a “clean catch” urine specimen should be collected.

1. You have been given a sterile collection container (plastic cup).
2. Using the Castile soap towelette found in the restroom, clean the outside genital area before collecting urine.
3. Allow the first portion of urine to escape into the toilet.
4. Catch the next portion (mid-stream) in the plastic cup.
5. Allow the final portion of urine to escape into the toilet.
6. Recap container tightly.
7. Notify nurse that you have collected your urine specimen so it can be delivered to the Lab immediately.

## 24-Hour Urine Preservative Jugs

Test	Laboratory	Collection Jug
Catecholamines (Fractionated)	Vanderbilt Laboratory	Pink Tag <input type="checkbox"/> HCL
Catecholamines (Total)		Pink Tag <input type="checkbox"/> HCL
Metanephrines		Pink Tag <input type="checkbox"/> HCL
VMA		Pink Tag <input type="checkbox"/> HCL

Test	Laboratory	Collection Jug
Calcium	Williamson Medical Center Laboratory	All WMC urines - use plain jugs  No preservative
Chloride		
Creatinine		
Osmololity		
Phosphorous		
Potassium		
Sodium		
Total Protein		
Uric Acid		
Urea Nitrogen		

Test	Laboratory	Collection Jug
All other urines	LabCorp	Call Lab outpatient staff for jug guidelines at 435-5800

**24-HOUR URINE COLLECTION – DIETARY AND MEDICINAL INTERFERENCES**  
**Clinical Guide for Physicians**

<b>Analyte</b>	<b>Medicinal</b>	<b>Dietary</b>	<b>Special Considerations</b>
5-HIAA	Corticotrophin, ethanol, imipramine, Isoniazid, levodopa, methyldopa, MAO inhibitors, atenolol, fluorouracil, Melphalan, pindolol, rauwolfia, alkaloids, (e.g., reserpine; effect slight) Acetaminophen, mephesisin, methocarbamol, phenacentin	Foods high in serotonin; avocados, bananas, tomatoes, plums, walnuts, pineapples, eggplant. Guaiacol (glyceryl guaiacolate, a common ingredient in cough syrups)	Avoid interferences 48-hours prior to start of collection.
Hydroxyproline, Total	Growth hormone, Parahormone thyroid, Vitamin D, Antineoplastic agents, ascorbic acids, aspirin (at 100 mg/kg in children has significant effect), calcitonin, corticosteroids (alleged normal metabolic effect) diphosphonate, estradiol, estriol, glucocorticoids, mithramycin	Gelatin and collagen	Keep patient on gelatin-free and low-collagen diet. Collgens should be removed from diet at least one day prior to start of and during collection.
Oxalate	Ethylene glycol, methoxyflurane anesthesia, Oxalate poisoning, ascorbic acid, calcium.		Avoid taking large doses (> 2g orally hours) of vitamin C during specimen collection

Lab/Urin/24Hr.Collect.doc





**TENNESSEE DEPARTMENT OF HEALTH**  
**BUREAU OF HEALTH LICENSURE AND REGULATION**  
**DIVISION OF HEALTH CARE FACILITIES**  
227 French Landing, Suite 501  
Heritage Place, Metrocenter  
Nashville, TN 37243  
[www.state.tn.us/health/links.html](http://www.state.tn.us/health/links.html)

February 26, 2009

Williamson Medical Center  
Attn. Angela Britton  
4321 Carothers Parkway  
Franklin, TN 37067

**\*CLIA 44D0658987**

To Whom It May Concern:

The records in this office indicate that the laboratory at the above address is currently certified under the Clinical Laboratory Improvement Amendments (CLIA) Program and has been assigned the above identification number. Under this number this facility may perform laboratory tests which are subject to CLIA and for which it is currently certified.

Information in the CLIA data system indicates that this laboratory certification expires on **02/27/2011**, and is for a **Certificate of Accreditation**.

You may submit this letter as proof that you continue to participate in the CLIA program. Calls to this office concerning your participation in the CLIA program are welcome, at (615) 741-7031.

Sincerely,

*Nancy Tipton*

Nancy Tipton  
CLIA Certification



Advancing Excellence

Accredited  
Laboratory



## The College of American Pathologists

certifies that the laboratory named below

**Williamson Medical Center  
Clinical Laboratory  
Franklin, Tennessee  
Wayne J. Lennington, MD**

LAP Number: 1564501  
AU-ID: 1181468  
CLIA Number: 44D0658987

*has met all applicable standards for accreditation and  
is hereby fully accredited by the College of American Pathologists'  
Laboratory Accreditation Program. Reinspection should occur prior  
to June 24, 2013 to maintain accreditation.*

Accreditation does not automatically survive a change in director, ownership,  
or location and assumes that all interim requirements are met.

*Frank R Rudy*

Chair, Commission on Laboratory Accreditation

*Hugh H Baum MD FACP*

President, College of American Pathologists

CENTERS FOR MEDICARE & MEDICAID SERVICES  
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
**CERTIFICATE OF ACCREDITATION**

**LABORATORY NAME AND ADDRESS**

WILLIAMSON MEDICAL CENTER  
 4321 CAROTHERS PARKWAY  
 FRANKLIN, TN 37067

**CLIA ID NUMBER**

44D0658987

**EFFECTIVE DATE**

02/28/2011

**EXPIRATION DATE**

02/27/2013

**LABORATORY DIRECTOR**  
 WAYNE LENNINGTON MD

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Judith A. Yost*

Judith A. Yost, Director  
 Division of Laboratory Services  
 Survey and Certification Group  
 Center for Medicaid and State Operations

618 certs2\_012911A

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/26/1995	ANTIBODY NON-TRANSFUSION (530)	03/08/2001
MYCOLOGY (120)	10/15/1997	ANTIBODY IDENTIFICATION (540)	07/26/1995
PARASITOLOGY (130)	03/08/2001	COMPATIBILITY TESTING (550)	07/26/1995
VIROLOGY (140)	02/24/2005	HISTOPATHOLOGY (610)	08/28/1999
SYPHILIS SEROLOGY (210)	07/26/1995	ORAL PATHOLOGY (620)	02/24/2005
GENERAL IMMUNOLOGY (220)	07/26/1995	CYTOLOGY (630)	08/28/1999
ROUTINE CHEMISTRY (310)	07/26/1995		
URINALYSIS (320)	07/26/1995		
ENDOCRINOLOGY (330)	07/26/1995		
TOXICOLOGY (340)	07/09/2003		
HEMATOLOGY (400)	07/26/1995		
ABO & RH GROUP (510)	07/26/1995		
ANTIBODY TRANSFUSION (520)	03/08/2001		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://WWW.CMS.HHS.GOV/CLIA)  
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

# State of Tennessee



License No. 000002254

## DEPARTMENT OF HEALTH

*This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to:*

WILLIAMSON MEDICAL CENTER

*Medical Laboratory Director* WAYNE J LENNINGTON, M.D.

*Owner* COUNTY

*To conduct and maintain a Medical Laboratory in the Specialty (ies) of:*

BACTERIOLOGY  
MYCOLOGY (LIMITED)  
HISTOPATHOLOGY-LIMITED TO FROZEN SECTIONS  
VIROLOGY (LIMITED)  
DIAGNOSTIC IMMUNOLOGY

CLINICAL CHEMISTRY  
URINALYSIS  
ENDOCRINOLOGY  
TOXICOLOGY  
HEMATOLOGY

IMMUNOHEMATOLOGY  
PH/BLOOD GASES  
KOH  
WET PREP

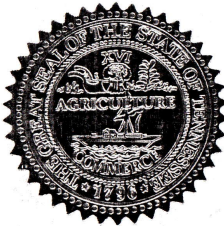
*On the premises located at* 4321 CAROTHERS PKWY, FRANKLIN, TN 37067-5909

*County of* WILLIAMSON

*This license shall expire* APRIL 30 2013

*This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. Section 68-29-111 and regulations thereto. This license shall not be assignable or transferable and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

*In Witness Whereof, we have hereunto set our hand and seal of the State*  
this 4TH day of APRIL 2012



*By* Annie Washington, MS, MT (AMT) SH (ASCP) CM  
CHAIRMAN, MEDICAL LABORATORY BOARD

*By* Wayne J. Lennington  
DIRECTOR, HEALTH RELATED BOARDS