|  |
| --- |
| 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

PHLOK - 3 (Rev 1)