



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive
NASHVILLE, TENNESSEE 37243
tennessee.gov/health

TENNESSEE MEDICAL LABORATORY BOARD
615-532-5126

SCREENING PROGRAM NOTIFICATION

1. Indicate Health Fair/Health Screen Sponsor
 - a. Non-profit organization
 - b. For-profit hospital

Name of Organization: _____

Address: _____

Telephone Number: _____

Contact Person Responsible for Program: _____

2. Screening Program Location:

3. Screening Program Date:

4. Test(s) Performed (include test name and methodology):

Note: The results of the above stated clinical laboratory tests are immediately available on the site of the program to the person being tested except for those tests that methodologically must be submitted to a medical laboratory licensed in Tennessee.

5. Supervising Physician:

Name: _____

Address: _____

Telephone Number: _____

Tennessee Medical License Number: _____

License Expiration Date: _____

(You must include a copy of the supervising physician's current Tennessee medical license)

Keep copy of document for your records.

I affirm that I am the supervising physician for the laboratory screening program listed in this notification. I am responsible for quality assurance of the testing performed, review of testing results, and forwarding of results to the personal physician of the persons screened. Screening staff are appropriately trained and competent; all individuals involved in the program will comply with CDC guidelines for handling blood and body fluids and with TOSHA standards for disposal of waste.

_____, M.D.