



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
MEDICAL LABORATORY BOARD  
HEALTH RELATED BOARDS  
METRO CENTER COMPLEX  
665 MAINSTREAM DR 2<sup>nd</sup> FL  
NASHVILLE, TN 37247-1010  
(615) 532-3202  
1-888-778-1423 ext. 5325128  
[www.tn.gov/medlab](http://www.tn.gov/medlab)

## **Licensure Application to Operate a Collection Station**

### INITIAL APPLICATION

- Initial Application Fee \$700.00
- Regulatory Fee \$5.00

### **NO TESTING ALLOWED IN COLLECTION STATIONS**

Application should be typed or legibly printed in ink.

Enclose a check for \$705 with applications. DO NOT MAIL CASH. Make check or postal money order payable to the STATE OF TENNESSEE.

MAIL THE ORIGINAL DOCUMENT

KEEP A COPY FOR YOUR RECORDS

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

Please submit to:

Department of Health  
 Division of Health Related Boards  
 Medical Laboratory Board  
 Metro Center Complex  
 665 Mainstream Dr 2<sup>nd</sup> FL  
 Nashville, TN 37243

5029)001	Initial Fee	\$700
5029)002	Renewal Fee	\$700
5029)002	Penalty Fee	\$500
5029)006	Regulatory Fee	\$ 5

Collection Station Name: \_\_\_\_\_

Collection Station Address (Street, City, County, Zip): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of ownership:     Individual                       Partnership                       Corporation                       Government

Owner's Name (Individual(s) or partner(s) or officer if corporation): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Collection Station Director's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ - \_\_\_\_\_

Highest Educational Degree: \_\_\_\_\_ Current State License Held: \_\_\_\_\_

Date Became Director of this Collection Station: \_\_\_\_\_

If certified by American Specialty Board(s):     Yes     No

If "Yes" - Name of Board(s): \_\_\_\_\_

Other names, addresses, and phone numbers of additional laboratories or collection stations directed by this individual:

NAME	ADDRESS	PHONE
		( ) -
		( ) -
		( ) -
		( ) -

### REFERRED SPECIMENS

Please provide the name, address, and phone numbers of the laboratories that receive the specimens from this collection station.

NAME	ADDRESS	PHONE
		( ) -
		( ) -
		( ) -
		( ) -

### PERSONNEL WORKING IN THE COLLECTION STATION

List the name and SSN of each individual working in the collection station to include the medical laboratory director as well as phlebotomist. If the phlebotomist is registered, please include that number and the name of the Registry (AMT, ASCP, etc.) along with the expiration date of their certification. A collection station license will not be issued without this information.

NAME OF ALL PERSONNEL	SOCIAL SECURITY NO.(SSN)	STATE LICENSE CLASSIFICATION (if applicable)	STATE LICENSE NO. (if applicable)	EXPIRATION DATE (if applicable)

## Tennessee Code Annotated - Chapter 29 Medical Laboratories

**68-29-126. Suspension, Revocation and Denial of Medical Laboratory License - Grounds.** The board has the power to suspend or revoke a medical laboratory license or to deny the issuance or renewal of a license or deny approval whenever a medical laboratory owner or director or owner of a medical laboratory training facility commits any of the following offenses:

- (1) Making false statements on an application for a medical laboratory license or any other documents required by the board;
- (2) Permitting unauthorized persons to perform technical procedures or to issue or sign reports;
- (3) Demonstrating incompetence or making consistent errors in the performance of medical laboratory examinations and procedures;
- (4) Reporting which is erroneous;
- (5) Performing a test and rendering a report thereon to a person not authorized by law to receive such services;
- (6) Referring a specimen for examination to a medical laboratory which has not been licensed under this chapter, with exceptions noted in §68-29-104;
- (7) Rendering a report on medical laboratory work actually performed in another medical laboratory without designating the name of the director and the name and address of the medical laboratory in which the test was performed;
- (8) Having professional connection with or lending the use of the name of the licensed medical laboratory or its director to an unlicensed medical laboratory;
- (9) Making statements, in writing or orally, of a character tending to deceive or mislead physicians, dentists or hospitals;
- (10) The performing of cytological and anatomical pathological examinations in a medical laboratory not under the direction of a pathologist certified or eligible for certification by the American Board of Pathology, licensed to practice medicine in the State of Tennessee;
- (11) Violating or aiding and abetting in the violation of any provision of this chapter or the rules and regulations promulgated hereunder;
- (12) Failing to file any request or report required by the provisions of this chapter or the rules and regulations promulgated hereunder; or
- (13) Fraudulent advertising for patronage of the general public by means of bills, posters, circulars, letters, newspapers, magazines, directories, radio, television, or any other medium. [Acts 1967, ch. 355, § 26; 1973, ch. 141, § 10; T.C.A., § 53-4126; Acts 1989, ch. 467. 467, §§ 7, 12.]

AFFIDAVIT OF APPLICANT  
APPLICANT'S CONSENT AND RELEASE

In applying for licensure in the State of Tennessee, I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary and which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish compliance with the rules and regulations pertaining to medical laboratory facilities in Tennessee.

AUTHORIZE the Board, its staff and their representatives to consult with individuals working in the this laboratory environment to review laboratory techniques, quality control, appropriate practices and any other issues concerning the laboratory medicine in this physical location.

RELEASE from liability the Board, its staff and all their representatives any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning issues of competence, ethics, character, other qualifications for this facility environment.

ACKNOWLEDGE this application for a laboratory license contains the adequate information for a proper evaluation of this laboratory operation concerning the scope of best practices in medical laboratory medicine.

AUTHORIZE release, use and disclosure of health information to the limited extent necessary for this laboratory application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND  
COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

COLLECTION STATION WORK AREA

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Describe the premises and attach a scale drawing of the collection station work area.