



Medical Test Site (MTS) Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700  
Fax: 360-236-4918  
[hsqafc@doh.wa.gov](mailto:hsqafc@doh.wa.gov)

## Multiple Test Sites and Temporary Test Sites Request Form

Use this form to add or remove additional locations on your existing MTS license or to provide notification of temporary testing sites or mobile units. Send this form to the address above.

Check which exception your site qualifies under. Only one exception for multiple sites is permitted on a license:

- ☐ **Not-for-profit or state or local government MTS and performs a combination of fifteen or less of either waived or moderate complexity test procedures at different locations.** If qualifying as a non-profit facility, you must provide a copy of your federal 501(c)(3) determination letter to add locations.
- ☐ **MTS is not at a fixed location and moves from testing site to testing site, or uses a temporary testing location such as a health fair.** If testing will occur inside a mobile unit, the VIN number must be provided. If the mobile unit transports equipment to a temporary site where testing will occur, provide the information for the temporary test site only.

### Your Information

MTS License Name

MTS License #

Clinical Laboratory Improvement Amendments (CLIA) #

### Request Type

- ☐ Add a permanent location(s) to an MTS license
- ☐ Remove a permanent location(s) from an MTS license
- ☐ Move a permanent location(s) to a different MTS license

List the MTS license name and # you want to move the location to:

- ☐ Temporary testing location & mobile units notification

For temporary location, provide type (e.g., health fair, mobile unit): \_\_\_\_\_

For mobile units, provide the vehicle identification number (VIN): \_\_\_\_\_

1. Name of additional location, temporary site, or mobile unit

Full address and zip code

Phone (enter 10 digit #)

Date(s) of operation

Email address for MTS contact

List tests performed at the location (e.g., total cholesterol, triglycerides, blood glucose, COVID-19)

2. Name of additional location, temporary site, or mobile unit	
Full address and zip code	
Phone (enter 10 digit #)	Date(s) of operation
Email address for MTS contact	
List tests performed at the location (e.g., total cholesterol, triglycerides, blood glucose, COVID-19)	
3. Name of additional location, temporary site, or mobile unit	
Full address and zip code	
Phone (enter 10 digit #)	Date(s) of operation
Email address for MTS contact	
List tests performed at the location (e.g., total cholesterol, triglycerides, blood glucose, COVID-19)	

Use additional pages if needed.

**Signature of Director:**

I certify that the information included on this form is accurate:

\_\_\_\_\_  
Signature of Medical Test Site Director

\_\_\_\_\_  
Date (mm/dd/yyyy)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).