

# DIVISION OF LABORATORY LICENSURE

OFFICE OF HEALTH CARE QUALITY  
SPRING GROVE CENTER – BLAND BRYANT BUILDING  
55 WADE AVENUE; CATONSVILLE, MD. 21228-4663

## COLLECTION STATION REGISTRATION

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LABORATORY NAME

DATE

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COLLECTION STATION ADDRESS

CITY/STATE

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CONTACT PERSON

TELEPHONE

HOURS OF OPERATION

Please respond to each of the following questions by making an x on the appropriate yes or no box next to each item. Explain any no answers for questions 2-8.

**YES**

**NO**

**Are any tests performed at this location?**

**Is there equipment available for proper collection/processing of specimens:  
Refrigerator with calibrated thermometer? Centrifuge?**

**Are documents retained for 2 years, e.g., temperature records?**

**Are there written procedures for proper collection, handling, storage, and  
transport of specimens?**

**Are there written procedures/policies for proper packaging, labeling and  
disposal of laboratory waste, including blood, urine, tubes, sharps, sponges,  
etc.?**

**Are there written safety procedures to protect personnel and patients from  
fire, biological, chemical and/or other hazards as appropriate?**

**Are all personnel trained, and do they follow the established policies and  
procedures?**

**Are all materials and supplies stored properly and not used if beyond the  
expiration date?**

**Attestation:** I certify that the information provided in this registration form is true and complete. I agree to abide by all the laws and regulations governing medical laboratories and laboratory services in the State of Maryland and understand that a violation will constitute grounds for revoking or suspending the permit or letter of permit exception issued to the laboratory operating this collection station. I further understand that the compliance with State laws and regulations may not assure compliance with federal requirements.

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SIGNATURE OF DIRECTOR OR AUTHORIZED AGENT OF THE LABORATORY

DATE