

**LABORATORY PERSONNEL REPORT**  
 STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF HEALTH SYSTEMS REGULATION  
 MS#12HSR, P.O. BOX 340308, HARTFORD, CT 06134-0308

<b>LABORATORY NAME:</b>	<b>CONNECTICUT LICENSE NO:</b> <b>Independent: CL-</b>
<b>LABORATORY ADDRESS:</b>	<b>Hospital: HP-</b>
<b>LABORATORY DIRECTOR:</b>	<b>TELEPHONE NO.:</b>
<b>For State Use Only. Surveyor Name:</b>	<b>Survey Date:</b>

List all technical personnel employed by the laboratory, including the director (D), clinical consultant (CC), technical consultant (TC) (Moderate), technical supervisor (TS) (High), general supervisor (GS) (High), and testing personnel (TP).

EMPLOYEE NAME		POSITION HELD	DEGREE	TEST COMPLEXITY	SHIFT	State use only. Meets Personnel Qualification Standards: 19a-36-D__
Last Name	First Name	D, CC, TC, TS, GS, TP		Moderate/High	1, 2, 3	

<b>Signature of Laboratory Director:</b>  _____	<b>Date:</b>  _____
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