

Ohio Department of Health
CLIA SARS Co-V2 Focused Survey

Laboratory Demographics:		
CLIA Number:		
Laboratory Name:		
Please list the SARS-CoV-2 test and manufacturer name for each SARS-CoV-2 test/test kit performed by your laboratory below:		
Please answer the following questions:	Answers:	Comments:
Can your laboratory provide a separate review area/room with limited access (i.e. as few as 1-2 staff interaction during onsite survey)? If an onsite survey is needed.	<input type="radio"/> Yes <input type="radio"/> No	
Has your laboratory ceased any testing since March 2020? If yes, list what tests and when testing ceased/resumed in comments.	<input type="radio"/> Yes <input type="radio"/> No	
Has your laboratory performed any COVID-19 testing since March 2020? If yes, list name and manufacturer of each test kit/test system above.	<input type="radio"/> Yes <input type="radio"/> No	
Does your laboratory have a mechanism in place to ensure all COVID-19 results are being reported to the appropriate agencies? If yes, please ensure documentation is available during the survey.	<input type="radio"/> Yes <input type="radio"/> No	
Have there been any staff/visitors that tested positive for COVID-19 in the laboratory during the past 14 days? If yes, please indicate date of visit(s).	<input type="radio"/> Yes <input type="radio"/> No	
Additional Comments:		

Signature of Laboratory Director

Date

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