

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH**  
**HEALTHCARE SYSTEMS BRANCH & HEALTH SYSTEMS REGULATION**  
 410 CAPITOL AVE., MS # 12FLIS, P.O. BOX 340308, HARTFORD, CT 06134-0308.  
 TEL: 860-509-7400 FAX: 860-509-7535

**APPLICATION FOR BLOOD COLLECTION FACILITY CERTIFICATION**

**Office Use Only**

Date Received: .....

Approved: YES  NO

DS No. ....

Date of Approval: .....

**1. APPLICATION DATE:**

(Month) (Day) (Year)

**2. LABORATORY IDENTIFICATION:**

A. Name of Laboratory:

B. Address (Number, Street, City, State, Zip code):

C. Connecticut License Number (CL# ) or Registration Number (HP# )

D. Other blood collection facilities (if any) attached to this CL # or HP#:

- |   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |
| 5 |   |

*Note: Each licensed laboratory shall be limited to six (6) blood collection facilities*

**3. BLOOD COLLECTION FACILITY INFORMATION:**

A. Name of Facility:

B. Address (Number, Street, City, State, Zip code):

C. Telephone #:

Fax #:

D. Days and Hours of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

E. Application for: Initial Approval  Change of Address  Change of Director   
 Other  Specify:

**4. PERSONNEL:**

- A. Name of Director:
  
- B. Name of Supervisor:
  
- C. Name of Phlebotomist(s)
  
- D. Name of Physician called in the event of an emergency:

**5. INSPECTION:**

- A. The blood collection facility must be inspected by representative(s) of the Department of Public Health, Division of Health Systems Regulations and approved prior to operation. The blood collection facility will be ready for inspection by the following date.

(Month)

(Day)

(Year)

- B. The blood collection facility is an extension of the laboratory to which it is attached. The director/supervisor who is responsible for the blood collection facility must be present at the initial inspection.

**6. CONTRACT DISCLOSURE:**

Copies of any contractual relationships, written or oral, with any practitioner using the services of the laboratory must be included with this application. Please refer to General Statutes, Title 19a, Chapter 368a, Section 19a-309(c) and Public Health Code Regulations, Section 19a-36-D36.

- A. Does the laboratory have contractual relationships with practitioners who use the services of the drawing station? i.e. Facility is within a physician's office. Please check one below.

YES

NO

- B. If yes, copy of the contract is enclosed: (check one)

YES

NO

**7. CERTIFICATION:**

I hereby certify that all information is true and correct.

.....  
Signature of Director

.....  
Date

Name of Director (Print or Type):

**Note: Blood collection facilities shall be identified by signs and advertising in a manner which will not suggest that the facility is a laboratory**