

Medical Laboratory Technology Program

Clinical Facility Fact Sheet

Institution:							
Address:							
City, State, Zip Code:							
Telephone:			Fax:				
# of Beds:	# of Bassinets:	# of Annua	ıl Admissions:		# of Out Patients:		
Accredited by:							
Clinical Coordinator or Contact Person at site:							
Clinical Laboratory Volume (specify annual number of procedures):							
Surgical Cases:		utopsy Cases:	Cytolo		gy Cases:		
Hematology:		hemistry:		Microbiology:			
Immunology/Serology:		nmunohemato	logy:	Urinalysis:			
Molecular Diagnostic Test Volume:							

Total space of the laboratory:

Number of students in clinical experience assignments:

Daytime laboratory staff (convert part-time to full-time equivalent):

	CERTIFIED BY	NUMBER BUDGETED	NUMBER EMPLOYED
Pathologists			
Pathologists' Assistants			
Technologist (baccalaureate)			
Categorical specialist			
Technician-AD			
Technician-certificate			
Histologic technician-AD			
Histologic technician-certificate			
Histotechnologist			
Diagnostic Molecular Specialist			
Technician (other)			