

**RWJMS/ DMHAS NJHIV Program
PSA – Data Collection Form**

We are interested in: On site testing performed by site personnel
 On site testing performed by RWJMS Mobile Counselor/Tester

Site Name: _____

Address: _____

Contact Name: _____

Phone: _____

Email address: _____

Corporate address for paperwork processing if different from above:

Corporate Name if different than Site Name: _____

Administrative Liaison Name: _____

Address: _____

Phone: _____

Email address: _____

Authorized Individual for sign off of Professional Services Agreement:

Name: _____

Title: _____

Address: _____

Phone: _____

Email address: _____

A medical director will need to sign off on the standing order to permit HIV testing:

Name of Medical Director: _____

Title: _____

Address: _____

Phone: _____

Email address: _____

Is Medical Director on site? Yes No

If No when is he/she available? : _____

Current CLIA Information

Is there an existing CLIA Certificate Number covering other testing activities at the site?

CLIA Certificate number: _____ CLIA Waiver _____ CLIA Accreditation

What other testing do you perform on-site currently? _____

(Do not include testing that is sent to a reference laboratory)