



LABORATORY SUPPLEMENTAL APPLICATION

This application must be completed in conjunction with
the CNA Allied Health Care Facilities Common Application.

Instructions:

1. Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If you need more space, continue on a separate sheet of your letterhead and indicate the question number.

1. **Name of Applicant:** _____

1. **Is the applicant Accredited?** Yes No

If Yes, by whom and specific to what operation? _____

Services – If you provide services in multiple states please breakdown the gross revenue by State.

SERVICES	% OF SERVICE	PROJECTED ANNUAL GROSS REVENUE
Assisted Reproductive Treatment/Techniques:	%	\$
Blood Bank:	%	\$
Blood Gas:	%	\$
Chemistry:	%	\$
Cytology:	%	\$
DNA/Genetic Testing:	%	\$
Endocrinology:	%	\$
Hematology:	%	\$
Histology:	%	\$
Immunology:	%	\$
Microbiology:	%	\$
Molecular Diagnostics:	%	\$
Parasitology:	%	\$
Paternity Testing:	%	\$
Pathology:	%	\$
Research:	%	\$
Serology:	%	\$
Sperm Bank:	%	\$
Toxicology:	%	\$
Urology:	%	\$
Virology:	%	\$
*Other	%	\$
Total	%	\$

* For "Other" please describe services: _____



3. Is the applicant performing drug and alcohol testing? yes no
 If "yes" are DOT rules adhered to? yes no
 If yes, do you use EtG testing? yes no
4. Is cryopreservation being performed? yes no
6. Is the applicant a Reference lab? yes no
7. Is the applicant a Research lab? yes no
8. If the applicant provides management services, please describe in detail the management services performed for others:

9. Are other labs utilized to perform certain tests? yes no
 If "yes", which tests: _____
- a. Are hold harmless agreements and indemnification clauses required in the agreement/contract? yes no
- b. Is the contracted lab required to carry professional liability limits equal to or exceeding your limits? yes no
 If "no", what limits are required of the other lab for Professional Insurance? _____

AUTHORIZATION

Signature in full

Date

Name - please print

Agency Name and Address	Person submitting application	Telephone Number	E-Mail

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