

Please fax to **Andrea Kennedy**  
Southwestern Community College  
Fax: 828.586.3129

## Clinical Facility Fact Sheet

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Accredited by: \_\_\_\_\_

Clinical Coordinator or Contact Person at site: \_\_\_\_\_

Clinical Laboratory Volume (specify annual number of procedures): \_\_\_\_\_

Indicate whether tests are performed in the following areas:

Hematology: \_\_\_\_\_ Chemistry: \_\_\_\_\_ Microbiology: \_\_\_\_\_

Immunology/Serology: \_\_\_\_\_ Immunochemistry: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Molecular Diagnostics: \_\_\_\_\_

Total space of the laboratory: \_\_\_\_\_ Number of students in clinical experience assignments: \_\_\_\_\_

Length of time of affiliation with sponsoring institution: \_\_\_\_\_ Length of training time \_\_\_\_\_

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

### NUMBER EMPLOYED

Pathologists \_\_\_\_\_

Credentialed laboratorians \_\_\_\_\_

(11/2008)

You may fax this form to the fax number above or mail it to:  
Andrea Kennedy at Southwestern Community College · 447 College Drive · Sylva, NC 28779