

Information required for eCATR registration of facility 7/1/21

1. Lab Name
2. Facility Type (dropdown, options shown below)

School (K - 12 grade)
Acute care hospital
Assisted living facility/Long-term care facility
Camp
Center
Childcare or daycare facility
College/technical school/university
Community Based Organization
Correctional/detention facility
Employer provided congregate living
Home
Local health department
Long-term acute care hospital
Outpatient provider office
Pharmacy
Shelter
Skilled nursing facility
Temporary location - mobile clinic, temporary or off-site point of dispensing (POD)
All other laboratories that perform clinical diagnostic or screening testing under CLIA or CLIP

3. Lab Testing Roles (checkbox, options listed below)
Collection site, Lab performing testing, Provide support for collection sites
4. Street
5. City
6. State
7. ZIP
8. Lab Reporting Schedule (checkbox, identify day of week)
9. Lab Contact First Name
10. Lab Contact Last Name
11. Lab Contact Email
12. Lab Contact Phone
13. Lab Contact Phone Ext