

**INITIAL LIMITED SERVICE LABORATORY REGISTRATION APPLICATION – COVID-19 Response for Pharmacists
Worksheet for Multiple Locations**

This form must be accompanied by the form DOH-4081 COv19Ph INITIAL LIMITED SERVICE LABORATORY REGISTRATION APPLICATION - COVID-19 Response For Pharmacists. Please complete multiple forms to register more than 5 sites. Limited Service Laboratories may only perform testing using COVID-19 tests with the designation of “W” in the Authorized Setting(s) on the FDA EUA webpage are considered to be waived by the FDA. Please see the FDA EUA webpage at <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>.”

	Site 1	Site 2	Site 3	Site 4	Site 5
Lab/Pharmacy Name					
FEIN					
County					
Street Address					
City					
Zip					
State					
Mailing Street Address					
Mailing City					
Mailing State					
Mailing Zip					
Lab/Pharmacy Telephone					
Lab/Pharmacy FAX					
Lab/Pharmacy email:					

Lab Contact First Name					
Lab Contact Last Name					
Lab Contact Phone					
Lab Contact Email					
Monday hours					
Tuesday hours					
Wednesday hours					
Thursday hours					
Friday hours					
Saturday hours					
Sunday hours					
Facility Type					
Ownership Type					

Owner Name					
Owner Street Address					
Owner City					
Owner State					
Owner Zip					
Small Business					
Director First Name					
Director Last Name					
Director Telephone					
Director Mobile Phone					
Director Email					
Pharmacist Degree					
Pharmacist SED License					
CLIA-Waived COVID-19 Test(s): Enter name as it appears on the FDA EUA webpage.					
Est. annual test volume					