

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-04**

SUBJECT: DIAGNOSTIC SERVICES

POLICY: Diagnostic testing will be provided on and off-site. All diagnostic services will meet applicable state and federal laws. Staff will be oriented, trained and qualified to perform on-site diagnostic testing. Off-site diagnostic testing will be in accordance with a practitioner's order.

REFERENCE: OAR 291-124-020(2)  
NCCHC Standard P-D-04  
CLIA

PROCEDURE:

- A. On-site CLIA waived diagnostic services will include:
  - 1. Blood sugar testing
  - 2. Hematesting for occult blood
  - 3. UA Dipstick
  - 4. Microscopic exam and pregnancy test kits (women)
  - 5. Peak flow meters (Use as indicated in the Asthma emergency protocol)
- B. Other diagnostic services available onsite may include x-ray, EKG, etc.
- C. A procedure manual for each on-site diagnostic service will be maintained at each facility.
- D. Diagnostic services not provided on-site will be scheduled at the appropriate referral site.

Effective Date: \_\_\_\_\_  
Revision date: April 2007  
Supersedes P&P dated: March 2006

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
 CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES**

<b>LABORATORY NAME AND ADDRESS</b>	<b>CLIA ID NUMBER</b>
DEPT OF CORRECTIONS HEALTH SERVICES 2575 CENTER NE SALEM, OR 97301-4667	38D0951419
<b>LABORATORY DIRECTOR</b>	<b>EFFECTIVE DATE</b>
STEVE SHELTON MD	01/01/2006
	<b>EXPIRATION DATE</b>
	12/31/2007

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.  
 This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Judith A. Yost*  
 Judith A. Yost, Director  
 Division of Laboratory Services  
 Survey and Certification Group  
 Center for Medicaid and State Operations

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- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

DEPT OF CORRECTIONS  
 CENTRAL ACCOUNTING  
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FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://WWW.CMS.HHS.GOV/CLIA)  
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.