



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

AFIP-ZD

11 January 2007

MEMORANDUM THRU

Associate Director, Center for Clinical Laboratory Medicine (CCLM), Office of Clinical Laboratory Affairs, 6825 16th Street NW, Bldg 54, Room G134, Washington, DC 20307-6000

FOR **RANK First Last Name**, Program Manager, CCLM, 6825 16th Street NW, Bldg 54, Room G134, Washington DC 20307-6000

SUBJECT: Update CLIP Certificate Laboratory Director

1. I hereby assume responsibility for the following sites listed under the corresponding DOD CLIP certificates:

Minimal Complexity Certificate DOD1234567 JCAHO/CAP Inspected 01/02/07

Clinic 1
Clinic 3

Clinic 2
Clinic 4

Provider Performed Microscopy Certificate DOD1234567 JCAHO/CAP Inspected 01/02/07

Clinic 1
Clinic 3

Clinic 2
Clinic 4

High/Moderate Complexity Certificate DOD1234567 JCAHO/CAP Inspected 01/02/07

Clinic 1

Clinic 2

2. I understand that I am responsible for ensuring that all standards of testing as specified by the DoD Clinical Laboratory Improvement Program (CLIP) AFIP PAM 40-24 are strictly followed and maintained.

3. I am qualified to direct the High/Moderate Complexity sites in accordance with AFIP PAM 40-24, Chapter 11-23 (b) (3) (a).

Note: see PAM for correct reference; this sentence is only necessary for high and moderate complexity laboratories.

4. I have also attached a copy of the final JCAHO/CAP inspection report and a copy of my CV. (CV required for High/Moderate sites).

5. My contact information is as follows: commercial phone, DSN prefix and anybody@somewhere.mil.

Director's name
Rank, Branch
Title
SSN