

- Coverage is added by naming the Medical Laboratory as an additional insured, and will be extended on a shared limit basis only.
- Coverage is limited to the testing/treatment of the insured's own patients.
- For purposes of coverage under the PSIC Professional Liability Policy, "Medical Laboratory" means a facility that provides:
 - A. Clinical-pathological examinations and services for diagnosing the status of health, disease or injury of human beings, or the taking of x-ray pictures;
 - B. Biological, immunological or other therapeutic agents that are customarily made by or sold at retail by clinical-pathological laboratories, which must be prepared, sold, handled or distributed by [the insured] at or from the premises [of the insured]. Any injury that may result from such agents must happen during the policy period and after [the insured] have given up possession of such agents to others.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR MEDICAL LABORATORY:

1. Is the Medical Laboratory set up as a separate entity from your practice? Yes No
2. What type of testing does the laboratory offer? *Please list all:*

3. Does the laboratory participate in HIV/AIDS or hepatitis B testing? Yes No
4. Are the laboratory personnel certified and experienced in testing procedures?..... Yes No
5. How frequently are refresher courses in testing procedures taken?

6. Are one or more of the laboratory personnel trained in CPR and first aid? Yes No
7. How are patients monitored for adverse reaction to the testing procedures?

8. Please describe what systems are in place to prevent unauthorized access to test results.

9. Are records of quality control and test procedures adequately maintained? Yes No
Please describe: _____

10. How frequently are performance surveys or proficiency testing programs completed? _____
11. Are test results compared with "normal" ranges and released to authorize personnel only?..... Yes No
12. Do you employ proper waste disposal procedures including sterilization? Yes No
13. Do you contract with a specialized disposal service for wastes? Yes No

Please provide documentation that laboratory personnel meet local, state or federal requirement for licensure or certification. (Please provide copies of certifications for all laboratory personnel employed.)

X _____ **X** _____
SIGNATURE **DATE**