



Washington State Department of
HEALTH
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<http://www.doh.wa.gov/mts>

Waived and PPMP Tests

Waived Tests: Indicate the test manufacturer(s) and test system(s). Be as specific as possible and verify the waived status of your test system on the [FDA/CLIA Test Complexity Database](#). e.g. (Rapid Strep, Acme Home Glucose Meter)

If you are completing this form for the Certificate of Waiver Medical Test Site and Medical Test Site Provider Performed Microscopic Procedures License please note: If your test kit doesn't appear on the FDA-approved waived test list, do not complete this application. See the FDA website to check that your test kits are for waived use and to determine the correct license category for your site based on the test kit you intend to use.

Test Name	Test System (e.g. One Step Glucose)	Test Manufacturer (e.g. ACME)
Adenovirus		
Aerobic/Anaerobic Organisms - Vaginal		
Alanine Aminotransferase (ALT) (SGPT)		
Albumin		
Albumin, Urinary		
Alcohol, Saliva		
Alkaline Phosphatase (ALP)		
Amines		
Amphetamines		
Amylase		
Aspartate Aminotransferase (AST) (SGOT)		
Bacteria Associated With Bacterial Vaginosis		
Barbiturates		
Benzodiazepines		
Bilirubin, Total		
Bladder Tumor Associated Antigen		
B-Type Natriuretic Peptide (BNP)		
Buprenorphine		
Calcium, Ionized		
Calcium, Total		
Cannabinoids (THC)		
Carbon Dioxide, Total (CO2)		
Catalase, Urine		
Chlamydia		

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Chloride		
Cholesterol		
Cocaine Metabolites		
Collagen Type I Crosslink, N-Telopeptides (NTX)		
Cotinine		
Creatine Kinase (CK)		
Creatinine		
Eddp (Methadone Metabolite)		
Erythrocyte Sedimentation Rate (ESR), Nonautomated		
Estrone-3 Glucuronide		
Ethanol (Alcohol)		
Fecal Occult Blood		
Fentanyl		
Fern Test, Saliva		
Follicle Stimulating Hormone (FSH)		
Fructosamine		
Gamma Glutamyl Transferase (GGT)		
Gastric Occult Blood		
Gastric pH		
Glucose		
Glycated Hemoglobin, Total		
Glycosylated Hemoglobin (Hgb A1C)		
hCG, Urine		
HDL Cholesterol		
Helicobacter Pylori		
Helicobacter Pylori Antibodies		
Hematocrit		
Hemoglobin		
Hemoglobin By Copper Sulfate, Nonautomated		
Hepatitis C Virus Antibody		
Herpes Simplex I And/Or II Antibodies		
HIV-1 And HIV-2 Antibodies		
HIV-1 And HIV-2 Antigens		
Infectious Mononucleosis Antibodies (Mono)		
Influenza (A/B)		
Ketone, Blood		
Ketone, Urine		
Lactic Acid (Lactate)		
LDL Cholesterol		
Lead, Blood		
Leukocyte Esterase, Urinary		
Lithium		
Luteinizing Hormone (LH)		

Lyme Disease Antibodies (Borrelia Burgdorferi Abs)		
Matrix Metalloproteinases-9 (MMP-9)		
Methadone		
Methadone Metabolite (EDDP)		
Methamphetamine		
Methylenedioxymethamphetamine (MDMA)		
Microalbumin		
Morphine		
Neisseria Gonorrhoeae		
Neutrophil Percentage (Neut%)		
Nicotine And/Or Metabolites		
Nitrite, Urine		
Norfentanyl		
Nortriptyline		
Opiates		
Osmolality, Tears		
Ovulation Test (LH) By Visual Color Comparison		
Oxazepam		
Oxycodone		
pH		
pH, Urine		
Phencyclidine (PCP)		
Phenobarbital		
Phosphorus		
Platelet Aggregation		
Platelet Count		
Potassium		
Pregnanediol Glucuronide		
Propoxyphene		
Protein, Total		
Prothrombin Time (PT)		
Red Blood Cell Count (Erythrocyte Count) (RBC)		
Respiratory Bacterial Pathogens		
Respiratory Syncytial Virus		
Respiratory Viruses		
SARS-CoV-2		
SARS-CoV-2 And Other Respiratory Viruses		
Secobarbital		
Semen		
Sodium		
Spun Microhematocrit		
Streptococcus, Group A		

Thyroid Stimulating Hormone (TSH)		
Tramadol		
Treponema Pallidum (Syphilis) Antibodies		
Trichomonas		
Tricyclic Antidepressants		
Triglyceride		
Urea (BUN)		
Uric Acid		
Urinary Protein, Qualitative		
Urine Dipstick Or Tablet Analytes, Nonautomated		
Urine hCG By Visual Color Comparison Tests		
Urinalysis		
Vaginal pH		
White Blood Cell Count (Leukocyte Count) (WBC)		
White Blood Cell Differential (WBC Diff)		
Whole Blood Qualitative Dipstick Glucose		
Yeast, Candida Only		
Other Waived Test(S) Not Listed		

Provide an estimated total annual test volume for all waived tests performed: _____

Provider-Performed Microscopic Procedures (PPMP)

Next to each microscopic procedure, provide an annual estimate of the volume of testing to be performed by a state licensed MD, DO, DPM, ARNP, PA or dentist. Refer to the Application Instructions Checklist, Section 4, if you need assistance completing this table.

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Direct wet mount preparations for the presence or absence of bacteria, fungi, parasites, and human cellular elements | <input type="checkbox"/> Post-coital direct, qualitative examinations of vaginal or cervical mucous |
| <input type="checkbox"/> Fecal leukocyte examinations | <input type="checkbox"/> Potassium hydroxide (KOH) preparations |
| <input type="checkbox"/> Fern tests | <input type="checkbox"/> Qualitative semen analysis (limited to the presence/absence of sperm and detection of motility) |
| <input type="checkbox"/> Nasal Smears for granulocytes | <input type="checkbox"/> Urine sediment examinations |
| <input type="checkbox"/> Pinworm examinations | |