

**Clinical Laboratory or Laboratory Services Provider Data Submission -
Attestation**

- 1. I HEREBY CERTIFY** that I have read this certification statement and that I have examined the accompanying electronically filed and/or manually submitted data submission. I further certify that, to the best of my knowledge and belief, this report is true, accurate, and complete, and except as noted, have been prepared in accordance with applicable instructions.
- 2.** I certify that, to the best of my knowledge and belief, all necessary information has been provided. I certify that, to the best of my knowledge and belief, none of the calculations or formulas in the template have been changed, and the most recent version of the template has been used for this submission.
- 3.** I certify that, to the best of my knowledge and belief, the structure of this approved and locked template has not been altered in any way, all applicable instructions in the guidelines and directions have been followed in completing this data submission, and the template has been completed consistent with the examples and definitions provided.
- 4.** I am the officer authorized by the provider to submit this form and I have made a good faith effort to ensure that all information reported is true and accurate.

Report prepared by:

Official (or other person) Name: _____

Title: _____

Contact Number: _____

Provider Name: _____

National Provider Identifier (NPI): _____

Signature: _____ Date: _____