



# CLIA LABORATORY CERTIFICATE CHANGE FORM

Must be submitted within 30 days of changes

\* Required Fields

\*CLIA #: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Current Lab Name: \_\_\_\_\_

New Lab Name: \_\_\_\_\_

Current Lab Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

New Lab Address: \_\_\_\_\_

New City/State/Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

\*Email address: \_\_\_\_\_

### MAILING ADDRESS (If different than location)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### DIRECTOR (waived labs only – all other labs use CMS-116)

Name of New DIRECTOR: \_\_\_\_\_

Signature of New Director: \_\_\_\_\_

### OWNERSHIP

New Owner: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

### CERTIFICATE TYPE

\*CURRENT Certificate: \_\_\_\_\_ Waiver \_\_\_\_\_ PPM \_\_\_\_\_ Compliance \_\_\_\_\_ Accreditation

NEW Certificate: \_\_\_\_\_ Waiver \_\_\_\_\_ Please submit CMS-116 for other certificate types

LABORATORY CLOSING: (Date of closure) \_\_\_\_\_

\*Effective Date for Changes: \_\_\_\_\_

\*Individual completing form: \_\_\_\_\_

Title: \_\_\_\_\_ \*Email: \_\_\_\_\_

Phone # where you can be contacted: \_\_\_\_\_

Please return this form to:

CLIA Program Office  
6810 SE Dwight Street  
Topeka, KS 66620  
FAX: (785) 559-5207