

NOTICE OF LABORATORY INFORMATION CHANGE

Facility:	Current Tax ID:
State Lab ID:	CLIA ID: Email:

Find appropriate requirements on: cdph.ca.gov/LabSubmitChanges and email to: LFScc@cdph.ca.gov

☐ **OWNERSHIP** *(Total ownership must not exceed 100%)*

PREVIOUS: Tax ID:

NEW: Tax ID:

Role: (select or type) %Owned: (must be ≥ 5%) Effective Date:

PREVIOUS: Tax ID:

NEW: Tax ID:

Role: (select or type) %Owned: (must be ≥ 5%) Effective Date:

☐ **LABORATORY DIRECTOR** Effective Date:

PREVIOUS:

NEW: License #: ☐ CLIA Director

License Type: (select or type) Hrs on site/wk: ☐ co-Lab Director

☐ **OVERSIGHT TYPE** Effective Date:

PREVIOUS: (select or type)

See list of accredited AO's: go.cdph.ca.gov/LFS-AO
(If "State" is not selected, attach proof of accreditation)

NEW: (select or type)

☐ **CERTIFICATE TYPE CHANGE** Effective Date:

PREVIOUS: (select or type) NEW: (select or type)

☐ **OTHER CHANGES:** (select or type) Effective Date:

PREVIOUS:

NEW:

☐ **OTHER CHANGES:** (select or type) Effective Date:

PREVIOUS:

NEW:

☐ **OTHER CHANGES (specify)** Effective Date: ☐ **CLOSING** Reason: Effective Date:

Must be signed by **both** owner (or Authorized Representative) and Laboratory Director.

Owner or AR: Print Name Date:

Laboratory Director: Print Name Date: