

NEW YORK STATE DEPARTMENT OF HEALTH
 WADSWORTH CENTER
 CLINICAL LABORATORY EVALUATION PROGRAM
 EMPIRE STATE PLAZA, P.O. BOX 509
 ALBANY, NEW YORK 12201-0509

Telephone: (518) 485-5378 Fax: (518) 485-5414
 E-mail: CLEPCERT@health.state.ny.us
 Web: www.wadsworth.org/labcert/clep/clep.html

Notification of Change in Laboratory Location

LABORATORY PFI NUMBER:	DATE OF MOVE:*
NAME AND ADDRESS OF LABORATORY (Previous Location):	

*If this is an approximate or proposed date, please indicate and provide the actual date once it has been established.

NEW LOCATION (Street/City/State/Zip Code/Country):	COUNTY:
TELEPHONE NUMBER:	FAX NUMBER:
LABORATORY EMAIL	CONTACT PERSON NAME/EMAIL

Please answer the following questions:

- Is all laboratory space contiguous? Yes No If no, please indicate other location(s) and provide a map, with distances and physical separations noted.
- What is the approximate total square footage of the laboratory workspace? _____
- Is the laboratory located within space occupied by any other health care provider?
 Yes No If yes, please explain.

NOTE: All signatures must be original. SIGNATURE STAMPS WILL NOT BE ACCEPTED.

 Date Signature, Laboratory Director Name, Laboratory Director (Print)

 Date Signature, Owner/Representative Name, Owner/Representative (Print)