

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

Notification of Change in Laboratory Name or Owner Name

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

Laboratory PFI Number:	EFFECTIVE DATE OF CHANGE:
Name and Address of Laboratory:	

Provide the new laboratory name and/or owner name exactly as you wish it to appear on the laboratory permit (the new laboratory name must be limited to 70 characters).

New Laboratory Name:

New Owner Name:

Does the laboratory operate health fairs or patient service centers (collecting stations)? Approvals for any health fairs or patient service centers will be reissued to reflect the new name of your laboratory.

Yes No

IMPORTANT: If the change is not in name only, but is an actual change in laboratory ownership, a **Notification of Laboratory Owner Change** form (DOH-3519d) must also be submitted and must be accompanied by an **Ownership and Controlling Interest Disclosure Statement** form (DOH-3486).

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

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