NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
CLINICAL LABORATORY EVALUATION PROGRAM
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Notification of Change in Laboratory Owner

Laboratory PFI Number:	**EFFECTIVE DATE OF CHANGE**

Name and Address of Laboratory:

NOTE: This form must be accompanied by an Ownership and Controlling Interest Disclosure form (DOH-3486) and, if applicable, a Notification of Change in Laboratory Name or Owner Name (DOH-3519a).

NEW OWNER INFORMATION

Federal Employee Identification Number (EIN)

Type of Ownership
☐ 1. INDIVIDUAL ☐ 2. PARTNERSHIP ☐ 3. CORPORATION ☐ 4. GOVERNMENT
☐ 5. NON-PROFIT CORPORATION

Name of Corporation/Owner

Address of Principal Office of Corporation/Owner

Is the laboratory operated under a management contract? If Yes, give name of managing company and attach a copy of the contract. ☐ Yes ☐ No

NOTE: All signatures must be original. ***SIGNATURE STAMPS WILL NOT BE ACCEPTED.*** By signing this form, I hereby certify that the information given is true and correct. I also attest that I have reviewed a copy of the most current laboratory application on file with the department for this laboratory, and have read all applicable clinical laboratory regulations and quality control standards. I also assume responsibility for any patient service centers currently operated by this laboratory.

Date	Signature, Laboratory Director	Name, Laboratory Director (Print)
Date	Signature, New Owner/Representative	Name, New Owner/Representative (Print)
Date	Signature, Previous Owner/Representative	Name, Previous Owner/Representative (Print)

Written proof of owner change maybe submitted in place of previous owner's signature. Documentation may be a copy of a sales contract, stock transfer agreement, or other document signed by a representative of both the former and new owners.