

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) 402-4253 Fax: (518) 449-6902
E-mail: CLEPLtd@health.ny.gov
Web: www.wadsworth.org/regulatory/clep/limited-service-lab-certs

**LIMITED SERVICE
LABORATORY REGISTRATION
Notification of Change in
Laboratory Location**

LABORATORY INFORMATION:	
Laboratory PFI Number:	Effective Date of Change:
Laboratory Name:	

PREVIOUS LABORATORY ADDRESS (Street/City/State/Zip Code):		
Street Address:		
City	State	ZIP Code

NEW LABORATORY ADDRESS (Street/City/State/Zip Code):		
Street Address:		
City	State	ZIP Code
Telephone Number: ()	Fax Number: ()	

CERTIFICATION: By signing this form, I hereby certify that the information given is true and correct. NOTE: All signatures must be original. SIGNATURE STAMPS WILL <u>NOT</u> BE ACCEPTED.		
_____	_____	_____
Date	Signature, Laboratory Director	Name, Laboratory Director (Print)
_____	_____	_____
Date	Signature, Owner/Representative	Name, Owner/Representative (Print)