

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Clinical Laboratory Evaluation Program
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Web: www.wadsworth.org/regulatory/clep/limited-service-lab-certs

LIMITED SERVICE
LABORATORY REGISTRATION
Notification of Change in
Laboratory Owner Information

LABORATORY INFORMATION:		
Laboratory PFI Number:	Effective Date of Change:	
Laboratory Name:		
Street Address:		
City:	State:	ZIP Code:

<u>NEW</u> OWNER INFORMATION:		
Federal Employee Identification Number (EIN):		
Type of Ownership (Select Only <u>One</u> From the List Below):		
For-Profit (indicate): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Not-For-Profit (indicate): <input type="checkbox"/> Religious Affiliation <input type="checkbox"/> Private		
Government (indicate): <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal		
Name of Owner (if Sole Proprietorship) or Corporation:		
Street Address of Principal Office of Owner (if Sole Proprietorship) or Corporation:		
City:	State:	ZIP Code:

CERTIFICATION: By signing this form, I hereby certify that the information given is true and correct. I attest that I have reviewed a copy of the most current Limited Service Laboratory Registration application on file with the Department for this laboratory, and will comply with the requirements of Section 579 of the Public Health Law. I also assume responsibility for any laboratory testing performed at secondary testing sites covered under this CLIA Number and Limited Service Laboratory Registration. **NOTE: All signatures must be original. SIGNATURE STAMPS WILL NOT BE ACCEPTED.**

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