

Clinical Laboratory Evaluation Program
 Wadsworth Center
 New York State Department of Health
 Empire State Plaza
 Albany, NY 12237
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 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 Owner Information**

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

NEW 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 <u>NOT</u> BE ACCEPTED.		
_____	_____	_____
Date	Signature, Laboratory Director	Name, Laboratory Director (Print)
_____	_____	_____
Date	Signature, New Owner/Representative	Name, New Owner/Representative (Print)

SPECIAL NOTICE
 Return this change form and any accompanying documentation by mail only.