

Disclosure of Ownership Interest, Controlling Interest, and Corporate Membership Statement

Reason for Submission: Initial Permit Application
 Owner Change; Effective Date: _____ Direct Owner Indirect Owner

Part I – Laboratory Information

| | | |
|-----------------------|-------|-----|
| PFI number (if known) | | |
| Name of Laboratory | | |
| Address | | |
| City | State | Zip |

Part II – Direct Ownership Information

A. Direct Owner Name(s) (as it will appear on the laboratory permit):

B. Ownership Type of Direct Owner(s):

Individual Partnership (e.g. LLP) Government

For-Profit Corporation (e.g. Inc, LLC, Corp., PC, PLLC) Not-for-Profit Corporation

Other (specify) _____

C. On a separate sheet, provide a listing of all direct owners of the laboratory following the requirements listed in the accompanying Instructions document.

The list must include:

Individuals: Names, addresses, percentage of ownership, and social security numbers of individual owners.
Partnership: Names, addresses, percentage of ownership, and social security numbers of all partners.
Government: The governmental entity and name of the representative official (i.e., Commissioner of Health, Chancellor, etc.) who can be contacted regarding ownership issues.
For-Profit Corporation: Names, addresses, percentage of ownership, and social security numbers (or EIN) for corporate officers, and/or shareholders.
Not-for-Profit Corporation (NFPC): A list of the Board of Directors/Trustees/Governors of the NFPC.
Other: Names, addresses, percentage of ownership and SSN or EIN, as appropriate.

D. Does the direct owner(s) of the applying facility have a direct or indirect ownership interest, controlling interest, or corporate membership in any other clinical laboratory licensed by New York State? (Limited Service Laboratory registrations are not required to be disclosed.)

Yes. Provide the following information for each individual or entity on a separate sheet and attach to this form: owner name(s); other clinical laboratory PFI (if known), other clinical laboratory name and address.

No

Part III – Indirect Ownership Information

- A. **On a separate sheet**, identify any person or entity that 1) possesses ten (10) percent or more of the voting shares of an entity that directly owns a clinical laboratory; 2) maintains a controlling interest of ten (10) percent or more in an entity that directly owns a clinical laboratory; or 3) maintains corporate membership in a not-for-profit corporation that directly owns/operates a clinical laboratory.

The list must include:

- Individuals:** Names, addresses, percentage of ownership, and social security numbers of individual owners
Partnership: Names, addresses, percentage of ownership, and social security numbers the partners
For-Profit Corporation: Names, addresses, percentage of ownership, and social security numbers (or EIN) for corporate officers, and/or shareholders
Not-for-Profit Corporation: A list of the Board of Directors/Trustees/Governors of the NFPC.

- B. Does any indirect owner(s) of the applying facility have a direct or indirect ownership interest, controlling interest, or corporate membership in any other clinical laboratory licensed by New York State? (Limited Service Laboratory registrations are not required to be disclosed.)

Yes. Provide the following information for each individual or entity on a separate sheet and attach to this form: owner name(s); other clinical laboratory PFI (if known), other clinical laboratory name and address.

No

Part IV – Declaration

Answer the following questions by checking the appropriate “Yes” or “No” box.

- A. Has the director, any assistant director(s), or those having a direct or indirect ownership interest, controlling interest, or corporate membership in the applying clinical facility ever been charged with violations of local, state or federal laws, rules and regulations, including, but not limited to, the Public Health Law or related statutes, concerning the provision of health care services or reimbursement for such services? To the extent that such charges are currently pending, respond ‘Yes.’

Yes. On a separate sheet, list the name and address of the individual(s) or entity(ies), a description of the charge(s) and dispositions of the charge(s), including dates, and attach to this form. The PFI of the laboratory must be included on this sheet.

No

- B. Has the director, any assistant director(s), or those having a direct or indirect ownership interest, controlling interest, or corporate membership in the applying clinical facility ever been charged with any crime, including but not limited to any offense related to the furnishing of, or billing for, clinical laboratory services, medical care, services, or supplies, or which is considered an offense involving theft or fraud? To the extent that such charges are currently pending, respond ‘Yes’.

Yes. On a separate sheet, list the name and address of the individual(s) or entity(ies), a description of the charge(s) and dispositions of the charge(s), including dates, and attach to this form. The PFI of the laboratory must be included on this sheet.

No

- C. Are any individuals with direct or indirect ownership interest or controlling interest in the applying clinical facility, licensed health professionals authorized by law to order clinical laboratory tests and receive results?

Yes. On a separate sheet, identify the individuals with greater than 10% ownership and/or controlling interest who are authorized by law to order clinical laboratory tests, and attach to this form. The PFI of the laboratory must be included on this sheet.

No

D. Is the applying clinical facility operated by a management company, or leased in whole or in part by any other organization?

Yes

No

If yes, give name and address of management company or licensee.

Part V -Signature

The owner representative named on this form will be considered the owner contact for the applying facility. This person must be authorized to respond to inquiries made by the Department.

Providing false or misleading information in this statement may lead to prosecution under applicable federal or state laws, and may result in denial of the New York State Clinical Laboratory Permit application, or revocation of an existing permit any other permit or license issued by the Department.

Name of Authorized Representative (please type or print)

Title

Signature

Date

Contact Phone Number _____

Contact Fax Number _____

Email Address _____