**State of Illinois** 

CLIA Laboratory Certification Program Phone: 217-782-6747 FAX: (217) 782-0382

**Person Requesting Change (Print)** 





CLIA Certificate Number (number typically begins with 14D) NOTE: For Certificate Changes to PPM, Compliance or Accredited, Submit a New CMS-116 Application Select Current Certificate Type: CLIA PPM Compliance Accredited Change to: AABB AOA ASHI A2LA Change To: CLIA Waived COLA The Joint Comm Facility Name (Print) \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Certificate changes to CLIA waived requires list of test names and volumes: (Certificate allows only waived tests to be performed). CLIA waived ESTIMATED yearly test volume \_\_\_\_\_ 1. List the name of all CLIA waived tests that you expect to perform (Example: Rapid Strep, Acme Home Glucose Meter, etc.). COMPLETE THE SECTION BELOW ONLY IF THE CERTIFICATE WILL HAVE A NEW LAB DIRECTOR OR CHECK the  $\underline{NO}$  box  $\ \square$  AND SIGN (fax/mail scan/e-mail form) New Director's Name (Print) \_\_\_\_ New Director's Signature - \_\_\_\_\_\_ Date \_\_\_\_\_

NOTE: Documents missing the required signatures or forms will not be processed.

Completed forms can be submitted via email to <u>Dph.Clia@Illinois.gov</u> faxed to 217-782-0382, or mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St. Fourth Floor, Springfield, IL 62761

Signature \_\_\_\_\_ Date \_\_\_\_