

State of Illinois

CLIA Laboratory Certification Program

Phone: (217) 782-6747 **LABORATORY NAME, ADDRESS OR DIRECTOR\* CHANGE**



CLIA Certificate Number (typically begins with 14D) \_\_\_\_\_ D \_\_\_\_\_

**\*NOTE: Lab director changes for CLIA PPM or Compliance labs must submit a CMS-116.  
For Lab Director Changes on Certificates of Accreditation please Contact your Independent Accredited Agency**

- Select Change(s):  Name Change  Physical Address Change  Director Change (*Waiver ONLY*)  
 Mailing Address Change  Corporate Address Change  
 Fee Coupon and/or Certificate Mailing preference

**ONLY COMPLETED FIELDS WILL BE UPDATED.**

**Lab Name Change**

New Facility Name (Print) \_\_\_\_\_

**Physical Address Change**

New Physical Address (Print) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Mailing Address Change**

New Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Corporate Address Change**

New Corporate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Fee Coupon and/or Certificate Mailing Preference**

Send Fee Coupons to (*Only ONE location may be selected*):    Physical            Mailing            Corporate

Send Certificate to (*Only ONE location may be selected*):    Physical            Mailing            Corporate

**Laboratory Director Change\***

New Director's Name (Print) \_\_\_\_\_

**New Director's Signature (REQUIRED for LD Change)** \_\_\_\_\_

**\*NEW LAB DIRECTOR (LD) QUALIFYING REQUIRMENTS**

Please include a copy of the New LD's ID/Licensure i.e. - State Medical License, State Nursing License, State Issued ID

**Lab director changes for CLIA PPM or Compliance labs must submit a CMS-116.**

**REQUIRED INFORMATION TO PROCESS REQUESTED CHANGES**

CMS-116 E-Mail Contact (for CLIA Related Correspondence pertaining to this CLIA Certificate) \_\_\_\_\_

Person Requesting Change (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forms can be scanned and E-mailed to: [DPH.CLIA@Illinois.gov](mailto:DPH.CLIA@Illinois.gov)**

Faxed to (217)782-0382 or Mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761