

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

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