

825 North Rutledge Street • Springfield, Illinois 62702-4910 • www.dph.illinois.gov

## DIVISION OF LABORATORIES LABORATORY STATUS CHANGE FORM

Mark the appropriate boxes, describe changes, and email, or mail this form within 15 working days to:

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	Water Lab	Milk Lab	Milk Screening Site
	Add Analyst(s)		Equipment
	Drop Analyst(s)		Facility
	Change Analyst Name		Procedures
	Address/Phone		Manager/Supervisor
-	Owner  Other		
Laboratory/Facility Name			
Certification Number			
Address			
Date			
Signature			
Print Name			

April 2025