

State of Illinois

CLIA Laboratory Certification Program

Phone: (217) 782-6747 **LABORATORY NAME, ADDRESS OR EMAIL 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 Email Contact & Notification
 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

Email Contact and Notification

New Email Contact (for CLIA related correspondence) _____

Receive Future Notifications Via Email* (please check box if you wish to receive notifications)

**Future notifications may include CLIA Certificates, Fee Coupons, Survey Notifications, etc.*

REQUIRED INFORMATION TO PROCESS REQUESTED CHANGES

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