



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, mail, or fax this form within 15 working days to:

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Water Lab

Milk Lab

Milk Screening Site

Add Analyst(s) <input type="checkbox"/>	Equipment <input type="checkbox"/>
Drop Analyst(s) <input type="checkbox"/>	Facility <input type="checkbox"/>
Change Analyst Name <input type="checkbox"/>	Procedures <input type="checkbox"/>
Address/Phone <input type="checkbox"/>	Manager/Supervisor <input type="checkbox"/>
Owner <input type="checkbox"/> Other <input type="checkbox"/>	

Laboratory/Facility Name	_____
Certification Number	_____
Address	_____
Date	_____
Signature	_____
Print Name	_____

December 2019