

Please make the necessary changes on this form and fax to our offices so that your renewal bill is sent to the correct address and the correct information is on the next certificate.

**FACILITY STATUS CHANGES
CLIA CERTIFICATION**

Forward Changes to:

Arizona Department of Health Services
Office of Laboratory Services
250 N. 17th Avenue
Phoenix, AZ 85007

(602) 364-0741 (p)
(602) 364-0726 (p)
(602) 364-0759 (f)

CLIA # (PLEASE INCLUDE) _____

Check if the changes to your facility are due to a change in ownership and complete a **DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT** form and send in addition to this form.

FEDERAL TAX ID #	
NEW FACILITY NAME	
NEW FACILITY ADDRESS	
CITY, STATE, ZIP	
MAILING ADDRESS	
CITY, STATE, ZIP	
NEW DIRECTOR'S NAME	
DIRECTOR'S TITLE (i.e. MD, DO, RN, NP, etc.)	
NEW PHONE #	
NEW FAX #	
E-MAIL ADDRESS	

CLIA Lab Director Signature _____

Date: _____