

**NOTICE OF LABORATORY INFORMATION CHANGE**

Facility:

Current Tax ID:

State Lab ID:

CLIA ID:

Email:

Find appropriate requirements on: [cdph.ca.gov/LabSubmitChanges](https://cdph.ca.gov/LabSubmitChanges) and email to: [LFScc@cdph.ca.gov](mailto:LFScc@cdph.ca.gov)**OWNERSHIP** *(Total ownership must not exceed 100%)**PREVIOUS:**Tax ID:**NEW:**Tax ID:**Role:**%Owned: (must be ≥ 5%)**Effective Date:**PREVIOUS:**Tax ID:**NEW:**Tax ID:**Role:**%Owned: (must be ≥ 5%)**Effective Date:***LABORATORY DIRECTOR***Effective Date:**PREVIOUS:**NEW:**License #:**CLIA Director**License Type:**Hrs on site/wk:**co-Lab Director***OVERSIGHT TYPE***Effective Date:**PREVIOUS:*See list of accredited AO's: [go.cdph.ca.gov/LFS-AO](https://go.cdph.ca.gov/LFS-AO)*NEW:**(If "State" is not selected, attach proof of accreditation)***CERTIFICATE TYPE CHANGE***Effective Date:**PREVIOUS:**NEW:***OTHER CHANGES:***Effective Date:**PREVIOUS:**NEW:***OTHER CHANGES:***Effective Date:**PREVIOUS:**NEW:***OTHER CHANGES (specify)***Effective Date:***CLOSING***Effective Date:**Must be signed by **both** owner (or Authorized Representative) and Laboratory Director.*

Owner or AR:

Date:

Laboratory Director:

Date: