# NOTICE OF LABORATORY INFORMATION CHANGE

**1.** Mark the boxes with changes and provide the Previous, New, and Effective Date information.

**2.** Go to our website to know the requirements:
**https://go.usa.gov/xf54n**

**3.** Mail to:
CDPH - LFS
850 Marina Bay Pkwy, P-1
Richmond, CA 94804

Laboratory Testing Site Name:

**STATE ID:**

Email:

**CLIA ID:** D

Current Mailing Address:

**CURRENT TAX ID:**

City: State: Zip:

| CHANGES | PREVIOUS | NEW | EFFECTIVE DATE |
|---|---|---|---|
| ☐ **LAB NAME:** | | | |
| ☐ **LAB OWNER:** | | | |
| Tax ID: | | | N/A |
| ☐ **LAB DIRECTOR:** | | | |
| License No.: | | | N/A |
| ☐ **MAILING ADDRESS:** | | | |
| ☐ **LOCATION ADDRESS:** | | | |
| ☐ **CERTIFICATE:** | | | |
| ☐ **OVERSIGHT:** | | | |
| ☐ **EMAIL:** | | | |
| ☐ **PHONE:** | | | |
| ☐ **OTHER (specify):** | | | |

☐ **CLOSING:** Reason: Effective Date:

Lab DIRECTOR Signature:

Print Name: Date:

Lab OWNER Signature:

Print Name: Date:



RESET