

**NOTICE OF LABORATORY INFORMATION CHANGE**

Facility: \_\_\_\_\_ Current Tax ID: \_\_\_\_\_  
 State Lab ID: \_\_\_\_\_ CLIA ID: \_\_\_\_\_ Email: \_\_\_\_\_

Find appropriate requirements on: [cdph.ca.gov/LabSubmitChanges](http://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:** \_\_\_\_\_

**NEW:** \_\_\_\_\_ See list of accredited AO's: [go.cdph.ca.gov/LFS-AO](http://go.cdph.ca.gov/LFS-AO)  
*(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 the owner or Authorized Representative (AR) if there is a change in ownership.*

Owner or AR\*: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory Director: \_\_\_\_\_ Date: \_\_\_\_\_