

Laboratory Change Notification Form

Laboratory Compliance Section
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www.healthoregon.org/ll

Current information is required for appropriate certification, proficiency testing monitoring and to assure proper reimbursement from Medicare, Medicaid and other third party payors. *Please indicate changes by checking the box then complete the information line with new information. CLIA number, Effective Date & Signature are required.*

Laboratory CLIA identification number: _____ Effective Date for this change: ____ / ____ / ____

Demographic Changes

Laboratory Name:

Site address:

Mailing address:

Director Name (please print):

Federal Tax ID number:

Phone number:

FAX number:

FOR STATE USE ONLY	State #	<input type="text"/>
Updates:	ACO	<input type="checkbox"/>
	LQA	<input type="checkbox"/>
	CLIA	<input type="checkbox"/>
Comments:	_____ _____ _____	

Changes to Laboratory Testing

Add the following test(s):
Test name _____ Annual Test Volume _____ PT Prog _____

Delete the test(s) listed below:
Test name _____

Change in laboratory complexity:
Complexity level has: upgraded downgraded to the following:

- Waived
- PPM
- Moderate
- High

Accreditation change:
Dropping Date of last survey: _____
Adding Name _____

Laboratories adding Accreditation: A Letter of Acceptance from your accrediting body is required. Please include with this form.

CLOSE LABORATORY
Be sure you have provided the CLIA number, effective date of change (closure) and appropriate signature/date.

Signature and date is required

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Signature of Director/Owner/Lab Manager _____ Date _____