



State of Oregon

Change Request Form for CLIA Laboratories

Laboratory Compliance Section
 Fax: 503-693-5602
 Phone: 503-693-4100

To Better Serve You

NEW: Any information with an asteric '*' must be completed. This is your 'Current Lab Information'. Please indicate what has changed by checking as many boxes as needed. If you are Closing your lab, see information at '**'.

* Laboratory CLIA identification number:

* Effective Date for this change: ____/____/____

* Laboratory Name:

* Site address:

* Mailing address:

* Director Name (please print):

* Federal Tax ID number:

* Phone number:

* FAX number:

Add Tests/Volumes:

Test name	Annual Test Volume	PT
_____	_____	_____
_____	_____	_____

Adding/dropping Waived tests does not require notification.

Delete Tests/Volumes:

Test name	Annual Test Volume
_____	_____
_____	_____

Change laboratory 'Certificate Type':

NEW: * Complete a CLIA-116 application form, marking 'Change in Certification Type' for upgrade, downgrade or when adding dropping or changing Accreditation. Go to www.healthoregon.org/lcqa to find this form.

CLOSE THIS LABORATORY

** Closure information may at a minimum include only the CLIA number, effective date of change (closure) and appropriate signature and sign date.

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

* Signature of Director/Owner/Lab Manager	Date

Laboratory Compliance Section
 PO Box 275
 Portland, OR 97207-0275

