

WV Dept of Health and Human Resources

Phone: 304-558-3530

Ext 2103

WV Office of Laboratory Services

Fax: 304-558-2006

CLIA Program

167 Eleventh Avenue

South Charleston, WV 25303

Please submit any CLIA database changes to the above address:

Facility: _____ CLIA No: _____

Phone: _____

Fax: _____

1. Change notice required within **30 days** for:

() Change of **name** of laboratory

New Name: _____

Effective: _____

() Change of **location**

New address: _____

Effective: _____

() Change of **ownership**

Fed. Tax ID# _____

New owner: _____ Effective: _____

() Change of **lab director**

New Director: _____

Effective: _____

() Change of **technical supervisor** (TS) for high complexity only

New TS: _____ |specialty responsibility| date _____

2. Change notice required within **six (6) months** for:

() **Addition or Deletion of laboratory specialty/subspecialty**

_____ specialty/subspecialty _____ (A)/(D) Eff. Date _____

() _____/_____/_____

() _____/_____/_____

() _____/_____/_____

() **Changes in test methodologies**

Test _____ | Method _____ (A)/(D) Eff. Date _____

() _____/_____/_____

() _____/_____/_____

() _____/_____/_____

3. Change **Certificate Type** to:

() Waiver

() Provider Performed Microscopy Procedures

() Compliance

() Accreditation

or () **Terminate**

Effective date: _____/_____/_____

Signature of owner/director/authorized person

Signature: _____ date _____/_____/_____

Please print name: _____

Position: _____