



# Laboratory Change Notification Form

Oregon State Public Health Division  
Laboratory Compliance Section  
PO Box 275 Portland OR 97207  
503-693-4125 Fax: 503-693-5602  
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 by checking the box  and 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.*

**Change in Proficiency Testing provider\*:**  
*List new provider(s):* \_\_\_\_\_

*\*Laboratories cannot change PT providers during the event year*

Signature and date is required

→   
Signature of Director/Owner/Lab Manager \_\_\_\_\_ Date \_\_\_\_\_