



DISCLOSURE, CHANGE OF OWNERSHIP OR TAX ID

CLIA Certificate Number (typically begins with 14D) _____

Select Disclosure or Change(s): Disclosure of Ownership Change of Ownership Change of Tax ID No.

NOTE: Changes of CLIA Certificate Ownership Must Include a New CMS-116 Application with This Form.

Facility Name (Print) _____

Federal Tax ID No. _____ Facility E-Mail (Print) _____

Phone Number _____ Fax Number _____

Facility Street Address (Print) _____

City _____ State _____ Zip Code _____

Mailing Address (If different from address above) _____

City _____ State _____ Zip Code _____

Type of Entity: Sole Proprietorship Partnership Corporation Unincorporated Associations
 For-profit Not-for-profit Other (Specify) _____

(If applicable, you may include a list of individuals or organizations having direct or indirect ownership on a separate page).

**Complete this section ONLY if there is a change of Lab Director in the CLIA Certificate
CLIA Certificate Transfer Statement**

I the current owner/lab director of this CLIA certificate ID No _____ agree to the following transaction.

Transfer of this certificate to the new listed owner(s) in this document.

Name (Print) Current Certificate Owner/Lab Director (Signature) Date _____

Read the following carefully before signing this Disclosure or Change

Any person who intentionally violates any requirement of section 353 of the Public Health Service Act as amended or any regulation promulgated thereunder shall be imprisoned for not more than one year or fined under title 18, United States Code or both, except that if the conviction is for a second or subsequent violation of such a requirement such person shall be imprisoned for not more than three years or fined in accordance with title 18, United States Code or both. Consent: The applicant hereby agrees that such laboratory identified herein will be operated in accordance with applicable standards found necessary by the Secretary of Health and Human Services to carry out the purposes of section 353 of the Public Health Service Act as amended. The applicant further agrees to permit the Secretary, or any Federal officer or employee duly designated by the Secretary, to inspect the laboratory and its operations and its pertinent records at any reasonable time and to furnish any requested information or materials necessary to determine the laboratory's eligibility or continued eligibility for its certificate or continued compliance with CLIA requirements.

(Required) Lab Director Signature

Lab Director (Print) (Signature) Date _____

NOTE: Documents missing the required signatures or forms will not be processed

Completed forms can be submitted via email to Dph.Clia@Illinois.gov faxed to 217-782-0382, or mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St. Fourth Floor, Springfield, IL 62761