

NOTICE OF LABORATORY INFORMATION CHANGE

1. Mark the boxes with changes and provide the Previous, New, and Effective Date information.
2. Go to our website to know the requirements: cdph.ca.gov/LabSubmitChanges
3. Mail to: CDPH - Laboratory Field Services 850 Marina Bay Pkwy, P-1, Richmond, CA 94804

STATE ID:

CLIA ID:

CURRENT TAX ID:

Laboratory Testing Site Name:

Current Mailing Address:

Email:

Phone:

OWNERSHIP

Effective Date:

PREVIOUS:

TAX ID:

NEW:

TAX ID:

LABORATORY DIRECTOR

Effective Date:

PREVIOUS:

License #:

NEW:

License #:

Effective Date:

PREVIOUS:

NEW:

Effective Date:

PREVIOUS:

NEW:

Effective Date:

PREVIOUS:

NEW:

Effective Date:

PREVIOUS:

NEW:

OTHER CHANGES (specify)

Effective Date:

CLOSING

Effective Date:

Reason:

Signature of Laboratory Director:

Print Name:

Date:

Signature of Owner or Authorized Representative:

Print Name:

Date: