



Laboratory Change Notification Form

Oregon State Public Health Division
Laboratory Compliance Section
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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.

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:	PT	<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 Please include Letter of Acceptance

Name of Organization _____

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