

**ARIZONA STATE AGENCY
FACILITY STATUS CHANGES
CLIA CERTIFICATION**

Please use this form to update **ONLY** the information that is changing. Please fax the form to the CLIA office or send electronically to:

Fax: 602-364-0759

CLIA Laboratory Certification Program cliaaz@azdhs.gov

Please note: If you are changing the Laboratory Name and Tax ID Number due to a change in Ownership then you must include the Disclosure of Ownership and Control Interest Statement form in addition to this form, found on www.azdhs.gov/clia

CLIA # (MUST INCLUDE) _____

FEDERAL TAX ID #		
NEW FACILITY NAME		
NEW FACILITY ADDRESS		
CITY, STATE, ZIP		
NEW MAILING ADDRESS		
CITY, STATE, ZIP		
NEW CORPORATE ADDRESS		
CITY, STATE, ZIP		
NEW DIRECTOR'S NAME, including title (MD, DO, etc.)		
NEW PHONE #		
NEW FAX #		
E-MAIL ADDRESS Receive future notifications via email		
MAIL INVOICE TO: (Corporate, Facility, Mailing)	Please Only Choose One : Corporate, Facility, or Mailing	
MAIL CERTIFICATE TO: (Corporate, Facility, Mailing)	Please Only Choose One : Corporate, Facility, or Mailing	

Authorized Signature _____

Date _____