

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Health Care Facilities and Programs
Laboratory Regulation Unit
525 W. Jefferson Street, Fourth Floor
Springfield, IL 62761-0001

Telephone 217-782-6747

FAX

217-782-0382

CLIA CERTIFICATION ADDRESS CHANGE

CLIA Identification Number _____

Federal Tax ID Number _____

Date of Renewal _____

Name of Facility _____

Previous Information

Physical Address _____

Mailing Address _____

New Information

Physical Address _____

Mailing Address _____

Telephone _____ Fax _____

Laboratory's Director's Name (including credentials)

Signature of Authorizing Agent

_____ Date _____