

## Change of Ownership for CLIA Facilities

You must complete the CMS-1513 form and submit it with this page. The form may be obtained on the CMS Web site: [www.cms.hhs.gov/forms](http://www.cms.hhs.gov/forms) .

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In order to process a change of ownership, it is necessary to attach this form to the CMS-1513 form and return to

Illinois Department of Public Health  
CLIA Program  
525 W. Jefferson – Fourth Floor  
Springfield, IL 62761

CLIA Identification Number    \_\_\_ \_\_\_   D   \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

New Federal Tax ID Number \_\_\_\_\_

Effective Date of Ownership \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Telephone                    (\_\_\_\_) \_\_\_\_\_    Fax    (\_\_\_\_) \_\_\_\_\_

Laboratory Director's Name including credentials (Print or type)

\_\_\_\_\_

Last	First	Middle Initial
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What was the former facility name? \_\_\_\_\_

**A letter of release from the previous owner also is required.**

This form may be duplicated