

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 DIRECTOR CHANGE

CLIA Identification Number _____

Federal Tax ID Number _____

Name of Facility _____

Physical Address _____

Mailing Address _____

Telephone _____ Fax _____

Previous Director's Name _____

New Laboratory Director's Name (including credentials)

Signature of Authorizing Agent _____

Date _____

This form may be duplicated