

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 RENEWAL CHANGE FORM**

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

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

Name of Facility \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Laboratory Director's Name (including credentials)

\_\_\_\_\_

Signature of Authorizing Agent \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

This form may be duplicated