



CLIA CERTIFICATE TYPE CHANGE

CLIA Certificate Number (number typically begins with 14D) _____

NOTE: For Certificate Changes to PPM, Compliance or Accredited, Submit a New CMS-116 Application

Select Current Certificate Type: CLIA PPM Compliance Accredited
Change To: CLIA Waived Change to: AABB AOA ASHI A2LA
CAP COLA The Joint Comm

Facility Name (Print) _____

Address _____ State _____ Zip Code _____

E-mail _____ Phone # _____ Fax # _____

Certificate changes to CLIA waived requires list of test names and volumes: (*Certificate allows only waived tests to be performed*).

CLIA waived ESTIMATED yearly test volume _____

1. List the name of all CLIA waived tests that you expect to perform (*Example: Rapid Strep, Acme Home Glucose Meter, etc.*).

COMPLETE THE SECTION BELOW ONLY IF THE CERTIFICATE WILL HAVE A NEW LAB DIRECTOR OR CHECK the NO box AND SIGN (fax/mail scan/e-mail form)

New Director's Name (Print) _____

New Director's Signature - _____ Date _____

Person Requesting Change (Print) _____

Signature _____ Date _____

*Forms can be faxed to 217-782-0382, scanned/e-mailed or
Mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St., 4th Floor,
Springfield, IL 62761*