

Clinical Laboratory Evaluation Program
 Wadsworth Center
 New York State Department of Health
 Empire State Plaza
 Albany, NY 12237
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 E-mail: CLEPLtd@health.ny.gov
 Web: www.wadsworth.org/regulatory/clep/limited-service-lab-certs

**LIMITED SERVICE
 LABORATORY REGISTRATION
 Notification of Change in
 Laboratory Name**

LABORATORY INFORMATION:		
Laboratory PFI Number:	Effective Date of Change:	
Laboratory Name:		
Laboratory Street Address:		
City:	State:	ZIP Code:

<u>NEW LABORATORY NAME</u> (Limited to 70 Characters):

CERTIFICATION: By signing this form, I hereby certify that the information given is true and correct. NOTE: All signatures must be original. SIGNATURE STAMPS WILL <u>NOT</u> BE ACCEPTED.		
_____	_____	_____
Date	Signature, Laboratory Director	Name, Laboratory Director (Print)
_____	_____	_____
Date	Signature, Owner/Representative	Name, Owner/Representative (Print)

SPECIAL NOTICE
 Return this change form and any accompanying documentation by mail only.