

CLIA OWNERSHIP & CONTROLLING INTEREST DISCLOSURE STATEMENT

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Initial Disclosure Change in Ownership

Laboratory Name _____

Doing Business As (if different) _____

CLIA number _____

For Ownership Change: New tax ID number? Yes No New number: _____

Physical Address _____

Mailing Address (if different) _____

Telephone number _____ Fax number _____

Has the lab owner(s) had partial or complete ownership of a CLIA laboratory that was closed by CMS during the previous two years? Yes No

[If yes, list the name(s) and address under remarks on page 2 of this form.]

List the names and addresses for individuals or organizations having direct or indirect ownership, or a controlling interest in the laboratory.

Name	Address	EIN

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Type: Sole Proprietorship Partnership Corporation
 Unincorporated Associations Other (Specify)

Is facility chain affiliated? (If yes, list corporation name, address and EIN) Yes No

Name:

EIN:

Address:

Attestation Statement:

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable Federal or State laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in CLIA certification denial, or where the facility is already certified, a termination of its agreement with the State agency or the secretary, as appropriate.

Authorized Representative (print):

Title:

Signature:

Date:

Remarks: