CLIA OWNERSHIP INFORMATION

To complete information about a laboratory's operation, please complete this ownership form and for:

- Initial application return with the CMS-116 form and list of tests performed.
- Change of Ownership return with the CLIA Change form.

Laboratory Name:		
CLIA Number:	licable for initial application)	
(Not app	licable for initial application)	
Ownership of Laboratory:	(Legal name of individual or business organiza	ation)
Owner Address:		
Owner Contact Information:	Email:	Fax #:
	Phone #:	
Federal Tax ID Number:		
Business Organization: Sole Proprietorship Partnership Limited Partnership Corporation Limited Liability Con Governmental (``````````````````````````````````````	City or Municipal)
(Check one): Profit Non-profit		
Name of authorized Repres	entative (Print) Title	:
Signature:		

NOTE: Only 1 owner can be entered into our system, if there is more than one owner, indicate which is preferred.

REMARKS: