

STATE OF NEBRASKA – ONLY FOR LABORATORIES LOCATED IN NEBRASKA

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: _____
(Not applicable for initial application)

Ownership of Laboratory: _____
(Legal name of individual or business organization)

Owner Address: _____

Federal Tax ID Number: _____

Business Organization: (Check one):
____ Sole Proprietorship
____ Partnership
____ Limited Partnership
____ Corporation
____ Limited Liability Company
____ Governmental (____ State, . District, ____ County, ____ City or Municipal)

(Check one):
____ Profit
____ Non-profit

Name of authorized Representative (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:

9/08