

Notification of Change of Laboratory Contact in Medical Test Site
Office of Laboratory Quality Assurance 1610 NE 150th Street, Shoreline, WA 98155
FAX 206-418-5505

MTS License # _____ CLIA # _____

MTS Name _____ Effective date of change _____

Name of new laboratory contact:

E-mail address of laboratory contact:

Name of new microbiology contact:

E-mail address of microbiology contact:

Name of new cytology contact:

E-mail address of cytology contact:

Signature of Medical Test Site Director (or Designee) **Date**