

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

MTS License # _____ CLIA # _____

MTS Name (as it appears on current license) _____

Effective date of change: _____

Address Change

New site address:

New mailing address:

Phone Number Change

New Phone number:

Fax Number Change

New Fax number:

Facility Name Change

New name of Medical Test Site:

Signature of Medical Test Site Director (or Designee)

Date