**Clinical Laboratory Improvement Amendments (CLIA)**

**Demographic Change Form**

**(Louisiana)**

**Provide the CLIA ID Number and complete each item for which changes are requested.**

|  |
| --- |
| CLIA ID Number  |
| Laboratory Name  |
| **Physical** Street Address  |
| City  | State  | Zip Code  |
| Phone Number  | Fax Number  |
| Email Address **[ ] **RECEIVE FUTURE NOTIFICATIONS VIA EMAIL |
| Hours of Operation |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| From  | From  | From  | From  | From  | From  | From  |
| To  | To  | To  | To  | To  | To  | To  |

**Mailing Address Change if Different from Above:**

|  |
| --- |
| **Mailing** Address  |
| City  | State  | Zip Code  |

**Individual Completing Form**

|  |  |
| --- | --- |
| Name  | Date  |
| Contact Phone  | Contact Fax  |

Submit this form via email to Alexa.Little@la.gov or mail to:

CLIA Laboratory Program

PO Box 3767, Baton Rouge, LA 70821.