**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](mailto:Alexa.Little@la.gov) or mail to:

CLIA Laboratory Program

PO Box 3767, Baton Rouge, LA 70821.