State of Illinois
CLIA Laboratory Certification Program
Phone: 217-782-6747

CERTIFICATE - SPECIALTY, SUBSPECIALTY AND TEST/ASSAY CHANGE

CLIA Certificate No._____ Certificate Type: ☐ Compliance ☐ Accredited

Please Specify Change(s): ☐ SPECIALTY ☐ SUBSPECIALTY ☐ TEST/ASSAY

Facility Name (Print) _____

Address (Print) _____

City _____ State _____ ZIP Code _____

Phone _____ Fax _____ E-mail _____

Use this table section to add new specialties, subspecialties or tests to your CLIA certificate and provide an ESTIMATED number of tests expected to be performed in a period of one year.

ADD NEW SPECIALTY	ADD NEW SUBSPECIALTY	TEST NAME	Estimated Yearly TEST VOLUME

Use this table section to request removal of an entire specialty or subspecialty from your current CLIA certificate. Note: All tests under each specialty or subspecialty will be removed.

REMOVE SPECIALTY (Name)	REMOVE SUBSPECIALTY (Name)	Specialty/Subspecialty Removal Effective Date

Use this table section to remove specific test(s) or assay(s) from any specialty or subspecialty.
Note: Only the specific test(s) will be removed and not the entire specialty or subspecialty.

TEST NAME	TEST Cancellation - Effective Date

NOTE: Carefully review your new or canceled specialties, subspecialties and tests for correctness. This information will be used to update your current CLIA certificate.

_____ _____ **Date** _____

Lab Director Name (Type) **Lab Director Signature**

Form can be faxed to 217-782-0382 or mailed to IDPH CLIA Laboratory Certification Program, 525 W. Jefferson St., Fourth Floor, Springfield, IL 62761