

USE FOR DEMOGRAPHIC CHANGES ONLY

Complete and mail to:

Oklahoma State Department of Health Medical Facilities - CLIA
123 Robert S Kerr, Ste 1702
Oklahoma City, OK 73102

Or scan, attach and email to:

clia@health.ok.gov

Name/Address/Phone/Fax Changes:

CLIA ID Number: _____ Federal Tax ID: _____

Lab Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Send Certificate to this address: YES NO **Send Fee Coupon to this address:** YES NO

Phone Number: _____ Fax Number: _____

Director: _____

E-mail Address: _____

Enroll laboratory in electronic notifications to include electronic certificates:

Mailing Address if different from above:

Street Address: _____

City: _____ State: _____ Zip: _____

Send Certificate to this address: YES NO Send Fee Coupon to this address: YES NO