



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

FACILITY LICENSING & INVESTIGATIONS SECTION

Request for Change in Ownership of a Licensed Clinical Laboratory

Per the Connecticut General Statutes § 19a-30 _____,
(Name of the Current Licensee/Legal Name)

the licensee granted Connecticut Clinical Laboratory License No. _____, hereby informs the
(License No.)

Department of Public Health of a change in the ownership of the laboratory.

This form is submitted to give the required advanced notice to the Department of changes in the ownership of the laboratory, and does not constitute an official application by the legal entity that intends to apply for the change in ownership.

The below information is an accurate reflection of the change:

_____ doing business as (d/b/a)
(Name of the Current Licensee/Legal Name)

_____, Federal Tax Identification Number _____
(Current License Doing Business As Name)

will change to _____, doing business as
(Name of the New Licensee/Legal Name)

_____, Federal Tax Identification Number _____.
(New License Doing Business As Name)

effective _____, 20 _____.
(Month) (Day) (Year)

Email Address of the New Licensee (Required)

Attestation

I, the undersigned, certify that I am the current registrant of the licensed clinical laboratory detailed above. I understand that completion of this document serves only as the required notification to the Department of Public Health that the ownership of the laboratory is changing. I understand in a like manner that completion of this document does not transfer ownership of the license described above to any other legal entity, and that all changes of ownership to a licensed clinical laboratory are subject to the sole approval of the Commissioner of Public Health or his/her authorized agent, and that this document is not a license or an authorization to operate a clinical laboratory licensed pursuant to the Connecticut General Statutes § 19a-30. I am aware that upon the Department's receipt of this document, the new prospective licensee must complete a full application for licensure, in a manner prescribed by the Department. Furthermore, I attest that the information provided within this request is true and accurate and that I understand making a false written statement that I do not believe to be true to a public servant in the performance of such public servant's official function(s) is a Class A Misdemeanor in the State of Connecticut per C.G.S. § 53a-157(b).

(Printed Name of the Registrant)

(Signature of the Registrant)