

# West Virginia Office of Laboratory Services AIDS-Related Testing Change Notification Form



Please fill out this form to update information pertaining to your West Virginia HIV laboratory certification.

Facility name: \_\_\_\_\_

Facility CLIA number: \_\_\_\_\_

Facility address: \_\_\_\_\_  
\_\_\_\_\_

### Indicate the type of change needed:

changes to CLIA certificate (e.g. from Certificate of Waiver to Certificate of Compliance)

Old Certificate Type:  Waiver  PPM  Compliance  Accreditation

New Certificate Type:  Waiver  PPM  Compliance  Accreditation

change in Director (please indicate the complexity of HIV testing in your facility, mark all that apply)

New Director and Credentials \_\_\_\_\_

change in facility name

New Facility Name \_\_\_\_\_

change in facility address

New Address \_\_\_\_\_

change to contact information (phone number, email address, contact person)

New Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

other \_\_\_\_\_

Please return via email to [DHHROLSHIV@wv.gov](mailto:DHHROLSHIV@wv.gov) or fax to (304) 746-0658.