

**West Virginia Office of Laboratory Services
Syphilis-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: (Please remember to also submit any changes to the CLIA program; contact DHHROLSCLIA@wv.gov to make these changes)

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

Old Certificate Type _____ New Certificate Type _____

- ☐ change in Director (please indicate the complexity of HIV testing in your facility, mark all that apply)
[For moderate and high complexity testing, please include copies of the new director's credentials, to include copy of WV Medical License, Board Certifications, and proof of clinical laboratory training or experience (CV's are not acceptable)]

☐ Waived ☐ Moderate ☐ High

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 Contact Information _____

- ☐ change to HIV testing menu or method

Change to Menu/Method _____

- ☐ other _____

Please indicate the change you wish to make and submit via email to Amy.E.Grandstaff@wv.gov or fax to (304) 746-0658.