



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Thank you for making sure you are in compliance with Maryland's COMAR laboratory regulations and renewing your laboratory license (permit or letter of exception) on schedule.

You will no longer receive a renewal "application", it is no longer required.

A clinical laboratory seeking to maintain licensure must submit payment along with the enclosed invoice in accordance with COMAR 10.10.04.02.

If no changes to your current permit are needed, we also require that the lab director still signs the blank change form and includes it with the submission. This will indicate to us that the director acknowledges that no changes are required.

If there is a change to your current laboratory license information such as ownership, tax ID, name of laboratory, testing changes, laboratory closing, or address changes, complete the change form, returning it signed with the payment and invoice. It must be signed by the current laboratory director. If the laboratory director is being changed from the director named on your current license, the change form must be accompanied with a copy of the highest degree earned diploma or transcript, any clinical license, and any board certifications or continuing medical education credits.

Submit application materials and fees to:

Laboratory Licensing
55 Wade Ave
Bland Bryant Bldg
Catonsville, MD 21228

Sincerely,

Paul Celli, Laboratory Certification Program Manager
Office of Health Care Quality, Maryland DHMH

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov



Invoice #: _____

	Maryland Department of Health and Mental Hygiene Office of Health Care Quality – Laboratory Licensing Programs Spring Grove Center – Bland Bryant Building 55 Wade Avenue, Catonsville, MD 21228 Phone: 410.402.8025 Fax: 410.402.8213	Office Use Only
		Date Received:
		Check #:
		Amount:
		Date Completed:

Laboratory Licensing Change Form

This form is for changes made during the renewal processing time only. Only provide us with the changes in the fields below along with the effective date of the change. Please check the NO CHANGES box on Page 2 if there are no changes being made during this renewal period.

For a change of Director, a copy of the Director’s medical license, medical diploma and board certification must be submitted. Please send diploma and CV for a PhD Director.

For Renewal Purposes Only

THIS FORM MUST BE SIGNED BY THE DIRECTOR FOR ALL CHANGES TO BE VALID.

Current Name of Lab: _____

State Lab ID # _____ Federal CLIA #: _____ Is this CLIA a multisite? Y N

Laboratory Name: _____ Date of Change: _____

Owner: _____ Date of Change: _____

Tax ID #: _____ Date of Change: _____

Director: _____ Date of Change: _____

Physical Address: _____ Date of Change: _____

Mailing/Billing Address: _____ Date of Change: _____

Telephone #: _____ Date of Change: _____

Fax #: _____ Date of Change: _____

The attached invoice is based on the test(s) performed at your facility for the last licensing cycle. If your test menu has changed, please make the necessary changes below. Please list the tests you are adding and/or deleting from your current test menu. Please use the chart below and indicate for each test the instrument/kit used as well as the effective date of change.

Changes/Additions/Deletions to Tests

Test Name	Kit/Instrument Used	Add	Delete	Date of Change
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Change State License Status to:

Letter of Exception General Permit Date of Change: _____

Change my CLIA Certification Status to: (must submit with a CMS-116, both forms then sent by mail only)

Waiver Compliance Provider Performed Microscopic Procedures (PPMP)

Accreditation with which program? _____

Date of Change: _____

Our office has closed and/or discontinued all clinical testing. Date of Change: _____

** NO CHANGES (Please check if no changes are being made during this renewal period)**

Print Laboratory Director's Name: _____

Laboratory Director's Signature: _____ Date: _____