NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH
Attention: Customer Services
1918 Mail Service Center, Raleigh, North Carolina 27699-1918
Telephone: 919-733-3937 Fax: 919-807-0730

Client Change of Information Form

Use this form to **change** your information when there has been a change of ownership, name, address, contact person, etc. Fill out the entire form; see page 3 for instructions. **When completed, fax to 919-807-0730 or email to slph.customerservice@dhhs.nc.gov**

Please print clearly, so that the information will be entered correctly. Please ensure that all information is correct and contains the suffix (alpha) if there is one assigned to your number. Please include any 4-digit suffix to your zip code if necessary.

Please mark correct boxes: □ **Change of Ownership** □ **Other Changes**

What types of samples do you send? □ **Clinical** □ **Environmental** □ **Both Clinical & Environmental**

New or Current Name of Practice or Business:		Attention: (opt field)	
Previous Name of Business:			
New or Current Mailing address:		**Previous** Mailing address:	
City:	State:	City:	State:
County:	Zip:	County:	Zip:
Phone # with area code:			
Primary Fax # with area code:			
** Current EIN/Tax ID #:		** Previous EIN/Tax ID #:	
Shipping address: (if different from above)			
Shipping address (line 2):			
City:		State:	Zip:
Billing address for supplies: (if different from shipping address)			
Billing address (line 2):			
City:		State:	Zip:
Contact Person Name:			
Title:			
Phone # with area code:			
Email address:			
**Effective Date for Changes:		Signature:	

Physicians Name:	**NPI**:
NCSLPH staff use only: CPM: ☐ V.11: ☐ V.12: ☐	Data Entered by:
	Date:

Instructions for Change of Information Form

Fill in each section of requested information. It is important that this information be current and accurate. Please fill out the whole form, not just the updated information.

Change of Ownership: Mark this box if you have had a change in tax identification number (EIN).

What type of samples do you send: Clinical, Environmental, or both? Answering this question will help us in identifying what services you need.

Other Changes: Mark this box if you are already a client but need to change your address, phone number, EIN, or other information.

New Name of Practice or Business: Fill in the name used to identify a business, practice, or organization.

Attention (optional): Fill in the department/area, or title of the person to whom reports should be directed. It will appear with the mailing address on the test result report.

Previous Name of Business: Fill in with the previous name if changed.

Mailing address: Fill in the location to which you want reports mailed. It may be either a street address or a P.O. Box address.

Phone # and Fax # with area code: Fill in the phone and fax numbers used to contact the area sending samples and receiving reports.

EIN/ Tax ID: This is the federal tax identification number assigned to the organization or business.

Previous EIN/Tax ID: If you are notifying us to change your EIN/Tax ID #, fill in the one previously associated with your organization or business.

Shipping Address: Fill in the location to which you want supplies shipped. It must be a street address. If it is the same as the mailing address, you can leave this space blank.

Billing Address for Supplies: Fill in the location where you want the invoice to go for supplies. If this is the same location as the shipping address, you can leave this space blank.

Contact person name, title, and email address: Fill in the identity of the primary contact person for this account along with phone number and email address. This is the person who will be contacted if there are questions about setting up the account or making changes to your account.

Physicians' Names and NPI numbers: This area is for all the Physicians to be listed for your facility along with Physicians NPI numbers.

Effective Date for Changes: Fill in the date when the changes will be in effect.

***** If your practice needs access to our online test results, please contact us directly at 919-733-3937.***