



Washington State Department of
Health
Medical Test Site Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700
HSQAFC@doh.wa.gov

Closure Request Form

Please complete the required information below and send form as an attachment to: HSQAFC@doh.wa.gov

This form may also be sent to the above mailing address.

Do not complete this form if the facility is Changing License type or Ownership.

Your Information	
MTS Facility Name:	
Effective Date of Closure:	
MTS License Number:	Clinical Laboratories Improvement Amendments, CLIA #:
Reason For Closure Request	
Please share why the facility is closing:	
Name of contact requesting closure:	
Lab Director/Contact/Owner's Signature:	Date: