



Medical Test Site (MTS) Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700  
 Fax: 360-236-4918  
[hsqafc@doh.wa.gov](mailto:hsqafc@doh.wa.gov)

## Test Menu Change Form

**License type change:**

You must complete a new application form if the new or deleted tests result in a change of license type. If the change does not result in a change to your license type, then email, mail, or fax this form to the address above.

**Laboratory director change:**

If the change in test menu results in a change of director, you must complete the [Credential Status Change Form](#).

Your information		
MTS Name		
Effective date of change		
MTS license #	Clinical Laboratory Improvement Amendments (CLIA) #	
List tests added to your test menu (use additional pages if needed)	Waived? (Y/N)	Estimated annual test volume
List tests deleted from your test menu (use additional pages if needed)	Waived? (Y/N)	Estimated annual test volume

List existing tests for which test volume has changed	Waived? (Y/N)	Estimated annual test volume

**Signature of Director:**

I certify that the information included in this form is accurate.

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Signature of Medical Test Site Director

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Date (mm/dd/yyyy)