



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
665 Mainstream Drive, Second Floor  
Nashville, TN 37243  
Telephone: (615)741-7023  
Fax: (615) 532-2700

## Disclosure of Ownership and Control Interest Statement- TN Clinical Laboratory Improvement Amendments

### Identifying Information

Legal Name of Entity	DBA(Doing Business As)			
CLIA#	Phone	Fax		
Street Address	City	County	State	Zip Code
Mailing Address (If different from above)	City	County	State	Zip Code
Laboratory Director (Please Print)				Tax ID Number

### A) List names, addresses for individuals, or EIN for organizations having direct or indirect ownership or a controlling interest in the entity.

Name	Address	EIN	Phone/Fax

- A) Type of Entity:  Sole Proprietorship  Partnership  Corporation  
 Unincorporated Associates  
 Other (Specify) \_\_\_\_\_

### B) If the disclosing entity is a corporation, list names, addresses of the directors and EIN's for corporations.

Name	Address	EIN	Phone/Fax

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the state agency or the secretary, as appropriate.

Name of Authorized Representative (Printed)	Title	
Signature		Date