**Section 450.20 License Application**

a) All applications shall be submitted on forms provided by the Department, shall be notarized, and shall include all information requested on the form.

b) If the licensed provider has a change of owner, location, or name of the laboratory, the Department shall be notified of the change in writing within 30 days following the change by one of the following methods:

1) U.S. Mail to: Illinois Department of Public Health, Office of Health Care Regulation, Division of Health Care Facilities and Programs, 525 West Jefferson Street, Fourth Floor, Springfield, Illinois 62761; or

2) Facsimile to: 217-782-0382, attention: Division of Health Care Facilities and Programs.

c) The description of the program shall be provided in sufficient detail to permit the Department to determine the fields of science represented by the services of the laboratory and the tests which may fall within the scope of its program and services.

(Source: Amended at 44 Ill. Reg. 20004, effective December 9, 2020)