



TRANSFER OF OWNERSHIP FORM

Laboratory Name:		Use this form to notify COLA of change of ownership of your laboratory. Please complete within 10 days of change of ownership. Questions? Call COLA at (800) 981-9883
COLA ID:		

A. Transfer of Accreditation Information

1. The original owner must provide COLA with written permission to transfer accreditation.
2. COLA must be notified within ten days of the transaction. All changes in personnel, location, equipment, test menu, PT provider number and CLIA number must be provided to COLA within 30 days.
3. The laboratory must continue to meet all COLA eligibility requirements.
4. The new owner must agree that the laboratory may be resurveyed at the owner's expense prior to the end of the term of accreditation if COLA has reason to believe:
 - a. The laboratory may no longer be in compliance with COLA accreditation requirements
 - b. The laboratory is not eligible for COLA accreditation, or
 - c. The laboratory substantially changed its test menu to include specialties or subspecialties not performed in the original laboratory.
5. You must also notify CMS of the change of ownership by completing a CMS 116 form and submitting to your state CLIA agency.
6. If you plan to obtain a new CLIA ID under the new ownership, **DO NOT SUBMIT THIS FORM**. You need to enroll the new laboratory with COLA. A new COLA ID will be assigned. If this is the case, notify COLA that your current COLA ID is being withdrawn and that you are obtaining a new CLIA ID for the new ownership. You still need to fill out a CMS 116 form and submit it to your state CLIA agency to obtain the new CLIA ID.

B. New Laboratory Information

New Laboratory Name: _____

New Address: _____

City: _____ State: _____ Zip Code: _____

New Phone Number: _____ Effective Date of Transfer: _____

Laboratory Director
 First Name: _____ Middle Initial: _____ Last Name: _____

New Owner:
 First Name: _____ Last Name: _____

Name to appear on COLA Certificate of Accreditation:
 (Please fill in line 1 and 2 exactly as they should appear on your certificate.)



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C. Other Changes

Please answer the following questions and explain any changes as indicated.

1. Will the location of the laboratory change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will the Laboratory Director change?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
3. Will personnel change?	<input type="checkbox"/> Yes**	<input type="checkbox"/> No
4. Will new instruments be added?	<input type="checkbox"/> Yes**	<input type="checkbox"/> No
5. Will testing specialties change?	<input type="checkbox"/> Yes**	<input type="checkbox"/> No
6. Will the laboratory enroll in additional or different proficiency testing?	<input type="checkbox"/> Yes***	<input type="checkbox"/> No

* If “Yes” you must send the name and qualifications of the new Laboratory Director to COLA.

** If “Yes”, please update the information on COLAcentral®.

*** If “Yes”, please fill out a Proficiency Test Data Release Form (found on COLAcentral®) and submit to both COLA and your PT provider.

Original owner: By electronically signing below, I hereby represent that my ownership interest in the aforementioned laboratory has been transferred to the party below.

eSignature:		Phone:		Date:	
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D. Agreement

New owner: The new owner hereby agrees the laboratory identified herein will be operated in accordance with applicable COLA standards. The new owner further agrees to permit COLA to survey the laboratory, its operations and its pertinent records at any reasonable time and to furnish any requested information or materials necessary to determine the laboratory’s eligibility or continued eligibility for its certificate of accreditation and continued compliance with COLA requirements.

As a condition of retaining COLA accreditation, the new owner agrees the laboratory may be re-surveyed at the owner’s expense prior to the end of the term of accreditation, if COLA has reason to believe the laboratory is no longer in compliance, not eligible, or has substantially changed its testing menu from the original laboratory. By electronically signing below, I represent that I have the authority to commit the owner to this agreement.

Name of New Owner:	Date:
eSignature of Officer of Entity:	Phone:
Name of Officer:	Title of Officer