



Medical Test Site Credentialing  
 PO Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700  
[HSQAFC@doh.wa.gov](mailto:HSQAFC@doh.wa.gov)

## Closure Request Form

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

Medical Test Site Information	
MTS Name:	
Effective Date of Closure:	
MTS License #:	Clinical Laboratory Improvement Amendments (CLIA) #:
Reason For Closure Request	
Please describe the reason for closure:	
Signature	
I certify that I am the owner of this Medical Test Site or am authorized by the owner to close this Medical Test Site.	
Signature of Owner/Authorized Representative of Medical Test Site:	Date:
Print Name:	Print Title:

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).