|  |  |
| --- | --- |
| **DEPARTMENT OF PUBLIC HEALTH**  **DIVISION OF HEALTH CARE FACILITY**  **LICENSURE & CERTIFICATION**  **67 Forest Street**  SEAL**Marlborough, MA 01752** | **CLINICAL LABORATORY**  **DISCLOSURE OF OWNERSHIP INTEREST STATEMENT** |

Submit this form when making an application for initial licensure, change in ownership and license renewal. Submit this disclosure to the following two offices:

Clinical Laboratory Program Office of the Attorney General

Mass. Department of Public Health AND Attn: Health Care Division

67 Forest Street One Ashburton Place

Marlborough, MA 01752 Boston, MA 02108

**Pursuant to M.G.L. c. 111D, §14**, **any person who fails to provide the Disclosure Statement shall be subject to a fine not exceeding $5,000.00.**

A. LABORATORY INFORMATION

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Laboratory Name (name on the CLIA certificate or CLIA application)

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Licensee Name or Name of Legal Entity Operating or Owning the Laboratory

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Laboratory Address (Street, City/Town, Zip)

4. Identifiers:

CLIA # (if a CLIA number has been assigned):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | D |  |  |  |  |  |  |  |

Facility # (if a facility number has been assigned):

|  |  |  |  |
| --- | --- | --- | --- |
| 5 |  |  |  |

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Laboratory Telephone Number Clinical Laboratory Fax Number

7. Type of Entity:

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Corporation* |  | *Trust* |
|  | *Partnership* |  | *Group of persons (whether incorporated or not)* |
|  | *Limited liability company* |  | *Individual* |
|  | *Limited liability partnership* |  | *Other* |
|  | *Association* |  |  |

B. DISCLOSURE

1. Submission Type:

\_\_\_\_ Initial licensure

\_\_\_\_ Change of ownership

\_\_\_\_ Renewal license

\_\_\_\_ Non-licensed

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Disclosing Entity or Person

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Disclosing Entity (Street, City/Town, Zip)

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact (name of person DPH or the Office of the Attorney General should contact regarding this application)

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Telephone Number Contact’s Email Address

6. Does disclosing entity have an ownership interest[[1]](#footnote-1) in the laboratory?

No Continue to B8 to list owner names and addresses

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ownership Interest (% owned)

7. Are there additional owners?

No Yes Provide names and addresses in B8

8. Owner/Member Name(s) – *Please provide information on any:*

* *Individuals (both in an individual capacity or through another entity) with ownership interest; or,*
* *Any entity (corporation, LLC, etc.) with ownership; or,*
* *Members of a non-profit corporation.*

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #1 Ownership Interest (% owned)

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City/Town, State, ZIP)

d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #2 Ownership Interest (% owned)

f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City/Town, State, ZIP)

g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ h. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #3 Ownership Interest (% owned)

i. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City/Town, State, ZIP)

j. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ k. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #4 Ownership Interest (% owned)

l. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City/Town, State, ZIP)

m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #5 Ownership Interest (% owned)

o. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street, City/Town, State, ZIP)

p. List attached of any other additional owners? Yes No

SIGNED UNDER THE PENALTIES OF PERJURY, this \_\_\_\_\_\_\_\_\_\_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Disclosing Person or Company’s Authorized Agent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title of Disclosing Person or Company’s Authorized Agent

1. Pursuant to M.G.L. c. 111D, §1(7), the term “ownership interest” is defined as: “interests including, but not limited to, any membership, proprietary interest, shares of stock in a corporation, units or other interest in a partnership, bonds, debentures, notes or other equity interest or debt instrument or co-ownership in any form.” [↑](#footnote-ref-1)