



Clinical Laboratory Improvement Amendments (CLIA)
Application for Certification – Supplement to CMS 116

Note: This form is to be completed as a supplement to completing Centers for Medicare & Medicaid Services Form [CMS 116 \(PDF\)](#).

Facility Name: HIDALGO COUNTY PUBLIC HEALTH LABORATORY		Date: 12/19/2025
Direct Phone No. of Laboratory Director's Office: 956-451-7897	Name of Person Completing Form: Veronica Cuate	

Disclosure of Ownership

I. Identifying Information

Name of Owner/Laboratory: HIDALGO COUNTY		CLIA No.: 45D2315590	Federal Tax ID No.: 74-6000717
Street Address: 1211 S 28TH AVE	County: Hidalgo	State: Texas	ZIP Code: 78542
Area Code and Phone No.: 956-292-7765	Area Code and Fax No.: 956-318-2431		

II. (a) List names, addresses for individuals or the Employer Identification Number (EIN) for organizations having direct or indirect ownership of a controlling interest in the entity.

Name	Address	EIN	
N/A			X
			X
			X

Add Line

(b) Type of Entity:

- Sole Proprietorship
 Partnership
 Corporation
 Unincorporated Associations
 Other (specify): Government Entity

(c) If the disclosing entity is a corporation, list names, addresses of the directors and EIN for corporations.

Name	Address	EIN	
N/A			X
			X
			X

Add Line

Name of Authorized Representative: Richard F. Cortez	Title: Hidalgo County Judge
Signature:	Date: