

Oregon Public Health Division
Laboratory Compliance Section
PO Box 275 Portland OR 97207-0275
503-693-4125 Fax: 503-693-5602 TDD 971-673-0372
www.healthoregon.org/ll



THIS AREA FOR FAX SEND INFORMATION
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Laboratory Close Notification

It has come to our attention that laboratory:

CLIA#38D _____ Laboratory name: _____

May have ceased, or is about to cease operation, or is no longer performing clinical laboratory tests on site.

Please sign, date, and return this form to our office as your official request to close your CLIA laboratory. This form will be used to provide file documentation of your closure request.

*I request that Laboratory Compliance change my CLIA laboratory status to:
Laboratory closed/terminated. The effective date for this change is _____.*

Director Signature _____ (Date) _____

Mail to:
Laboratory Compliance Section
P.O. Box 275
Portland, OR 97207

FAX: 503-693-5602

If you have questions please call the Laboratory Compliance Section at (503) 693-4125.

This document is available in alternate formats by contacting this office.