

Application for Health Screen Testing Permit

76700 72551 2130 \$150.00 (Fiscal Use Only)

Oregon State Public Health Division
 Laboratory Compliance Section
 503-693-4125 Fax: 503-693-5602
 TTY: 971-673-0372 www.healthoregon.org/ll



FOR STATE USE ONLY State #

CLIA #

Reopen

Re-license Reviewed:

I. LABORATORY OWNERSHIP

Complete Laboratory Name

Laboratory **Mailing** Address (include street, city, state, zip)

Laboratory **Location** Address (include street, city, state, zip)

Contact person:

Was this lab previously licensed? Yes No (Phone # - include area code)

Is there a current or previous CLIA number? Yes No CLIA #:

Indicate testing location: one fixed location multiple sites mobile

Owner name

County

Telephone #

FAX #

Federal Tax ID #

Indicate the ownership type that best describes this lab:

- Corporation - List corporate name, city & state where registered:
- Sole Proprietorship
- Partnership - Attach list of partners
- Government: City County State Federal

II. EXTENT OF SERVICES/TEST VOLUME

Date lab started testing: ____/____/____ Check each service your HST will perform, add estimate of total annual test volume per each:

| | Volume | Method Instrument |
|---|----------------------|----------------------|
| <input type="checkbox"/> Blood Glucose (whole blood) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Blood in feces (occult blood) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Blood Hemoglobin | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> High density lipoprotein (HDL) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Human Chorionic Gonadotropin (urine) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Packed cell volume (hematocrit) | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Total Cholesterol | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Triglyceride | <input type="text"/> | <input type="text"/> |
| TOTAL annual test volume | <input type="text"/> | <input type="text"/> |

III. DIRECTOR QUALIFICATIONS - SEE HST SYNOPSIS FOR QUALIFICATION REQUIREMENTS

Name of Director: Phone:

- Complete Director Qualification Appraisal form (included) for Health Screen Testing and submit with application
- Only for New HST lab Director applicants, or if there has been a Change of HST laboratory Director**

Application continues other side →

Instructions for payment and application submittal

- ◆ The cost for a Health Screen Testing Permit is \$150 for the two year cycle beginning July 1, 2008 through June 30, 2010.
- ◆ Submit payment with the application form.
- ◆ Make checks payable to **Public Health Division, Fiscal Services.**
- ◆ Attach your check to your application and mail to:
Oregon Public Health Division, Fiscal Services, PO Box 14260, Portland OR 97293-0260.

Failure to pay the appropriate fee invalidates your application.

IV. DIRECTOR AFFILIATIONS

If the director of this laboratory is also the director for any other laboratories, list below:

| Laboratory name | State Laboratory # |
|-----------------|--------------------|
| | |
| | |
| | |

V. OPERATION AND SERVICES

List name(s) and address(es) of other laboratories operated by same owner:

VI. PROFICIENCY TESTING

List the proficiency testing program to which you have subscribed: _____
(applies only to Moderate and High Complexity laboratories)

VII. SIGNATURE

The original signature of Director/Owner is required to process application

I attest that the information provided is true and accurate to the best of my knowledge

| | |
|--------------------------------------|---------------|
| _____ Signature of Director/Owner | _____ Date |
|--------------------------------------|---------------|

| |
|---|
| _____ Print name of Director/Owner signature |
|---|

For LCS Office Use Only

Applicant qualifies under:

Health Screen Testing Director - OAR 333-024-0390(1) a b c d e f

Does not qualify - reason _____

Note: In compliance with the Americans with Disabilities Act (ADA), this form is available in alternate formats by calling (503) 693-4100.