

SOA Registration Form
January 1, 2009 through December 31, 2009

Laboratory Compliance Section
 Oregon Public Health Division
 Department of Human Services
 www.healthoregon.org/ll

TEL: 503 693-4125
 FAX 503-693-5602
 TTY 971-673-0372



76700 72551 2145 \$50.00

Renewal

State # _____

New Re-open

Please provide the following information:

►► **Instructions: Complete all numbered entries through item #16. Read and understand the attestation statement prior to signing. Follow instructions listed in item #16 for submitting the Registration fee.**

1. Name of Registration Entity: _____

2. Entity **main site** location: (include street address, city, state and zip code) _____

6. County _____

3. Entity **mailing address**: (include street address, city, state and zip code) _____

7. Telephone # _____

4. Entity Owner: (legal name) _____

8. FAX # _____

5. Entity contact name for main location, including phone #: _____

9. Federal Tax ID # _____

10. Please indicate the number of SOA testing locations:

 Single location Multiple locations (number) _____: List additional test locations on reverse side of this form, attach separate sheet if needed.

11. Type of SOA test kit(s) used, name of kit(s): _____

12. Name of kit manufacturer(s): _____

13. Estimated annual test volume (12 months): _____

As the operator for this entity, I certify that the entity indicated above and its staff will meet the following requirements during the term of this substance of abuse registration: ♦Only SOA screening kits approved by the FDA, or alcohol screening kits approved by the U.S. DOT as defined by the National Highway Traffic Safety Administration Docket No. 94-004, Notices 2, 3 and 4 published in the Federal Register, are used to test clients; ♦Tests are administered according to the manufacturer's package insert; ♦Chain of custody procedures are written and followed. ♦Operator of the SOA on-site screening facility is trained by the manufacturer in the performance of the SOA screening test kit; ♦Confirmation tests are performed on the same specimen used for screening, by a laboratory possessing a valid CLIA certificate, or an equivalent out of state laboratory, by a different analytical method, when a positive screen is obtained and the test results are to be used to deny or deprive any person employment or any benefit, or may otherwise result in adverse employment action.

The original signature of Entity Operator is required to process registration:

14. (Signature of Entity Operator) _____

(Date) _____

15. Print name of operator _____

Registration fee and payment information

16. Submit SOA Registration fee of \$50.00 check payable to **Department of Human Services**

Attach payment to your completed Registration form and mail to:

Oregon Public Health Division/Financial Services PO Box 14260 Portland OR 97293-0260

This form is available in alternate formats by calling 503-693-4100