

SOA Registration Form

January 1, 2010 through December 31, 2010

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 #15. Read and understand the attestation statement prior to signing. Follow instructions listed in item #15 for submitting the Registration fee.**

1. Name of Registration Entity

7. Telephone #

2. Main Site Address - street, city, state, zip code

8. FAX #

3. Mailing address if different

4. Entity Owner: (legal name)

5. Contact name for main location, including phone #

6. Federal Tax ID #

9. Testing to occur at one fixed location
 Testing to occur at Multiple locations. Number of locations: _____ List additional testing locations on the Additional Testing Locations form

10. Name of SOA test kit(s) used: _____

11. Name of kit manufacturer(s): _____

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

Attestation Statement:

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:

13. Signature of Entity Operator

(Date)

14. Print name of operator

Registration fee and payment information15. 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