



Change Request Form for Oregon CLIA Laboratories

Laboratory Compliance Program

Phone: 503-693-4125

Fax: 503-693-5602

Email: LC.info@odhsoha.oregon.gov

Please complete all sections that contain an asterisk (*). All information provided will be used to update the federal database. Please verify accuracy before submitting this form to Laboratory Compliance. If you are closing the lab, please mark the box for 'Close this laboratory.' A hand-written or encrypted, digital signature makes this form valid. This form may be emailed to the address listed above for submission. Please retain the original for your CLIA records.

*CLIA number must be provided:

*Effective Date for this change:

38D

*Laboratory Name:

Add Test/Volume (List by test name/manufacturer):

*Site Address:

*Mailing Address:

Delete Test/Volume (Test Name and Volume to delete):

*Laboratory Director:

*General Email Address:

To change the laboratory's certificate type please complete Form CMS-116. It can be found here: www.healthoregon.org/ll

*NPI Number:

We elect to receive future notifications via email

CLOSE THIS LABORATORY

*Federal Tax ID Number:

If adding test for a regulated analyte list PT Provider here:

*Phone Number:

*Fax Number:

*Signature of Laboratory Director

Date

STATE USE ONLY

STATE #

ACO _____

LQA _____

Comments: _____



Laboratory Compliance Program
7202 NE Evergreen Parkway, Suite 100
Hillsboro, OR 97124-6536

For alternative format documents, call 503-693-4125

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