

Complaint Intake Form  
CLIA State Agency – Oregon



Oregon Health Authority  
Regulatory Section-OSPHL  
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Suite 100  
Hillsboro, OR 97124

Ph: 503-693-4125  
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Email: [lc.info@odhsoha.oregon.gov](mailto:lc.info@odhsoha.oregon.gov)  
Web: [www.healthoregon.org/lcqa](http://www.healthoregon.org/lcqa)

This fillable form is for use by the public to report concerns with CLIA certified clinical laboratories located within the State of Oregon or for testing by CLIA laboratories originating in the State of Oregon.

Please provide information about the laboratory

Name	
Address Line 1	
Address Line 2	
City, State	
ZIP Code	

Please provide the name of patient affected and specific staff involved.

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Please provide a description of your concern. Include dates and times if you can.

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Please provide any details that may verify the concern.

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Would you like to remain anonymous? ☐ Yes ☐ No

Please attach the completed form and email to [lc.info@odhsoha.oregon.gov](mailto:lc.info@odhsoha.oregon.gov). If you have additional documents that support the facts of this complaint, please attach and send them with this form. Alternatively you may print and mail the form to the address listed at the top of this page. This document is available in other formats by calling 503-693-4125 or emailing to the address shown above.