

## Notification of HST Event

HST Laboratory Name \_\_\_\_\_

State Lab number \_\_\_\_\_ CLIA ID # \_\_\_\_\_

Reported by / Date \_\_\_\_\_

Date of Testing	Site of Testing	Address	Time of Testing

Please send completed form to:

Email: <a href="mailto:LC.info@odhsoha.oregon.gov">LC.info@odhsoha.oregon.gov</a>  -or-  Fax: 503-693-5602	Regulatory Section Oregon State Public Health Laboratory 7202 NE Evergreen Pkwy, Ste 100 Hillsboro, OR 97124  Revised 09/2024
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