



Change Request Form for Oregon CLIA Laboratories

Laboratory Compliance Program

Phone: 503-693-4125

Fax: 503-693-5602

Email: LC.info@dhsosha.state.or.us

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.'

*CLIA number must be provided:

38D

*Effective Date for this change:

*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:

*Laboratory Director Email:

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

*Federal Tax ID Number:

CLOSE THIS LABORATORY

*NPI 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 503-693-4100

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