



## Change Request Form for SOA Registration Labs

Phone: 503-693-4125

LC.info@odhsoha.oregon.gov

Fax: 503-693-5602

Please complete all information with an asteric '\*'. This is will become your current lab information. Please indicate the intended changes by marking the check boxes. To close, mark the box for closing the lab. Completed form should be emailed to [LC.info@odhsoha.oregon.gov](mailto:LC.info@odhsoha.oregon.gov) for processing.

☐ \* SOA Registration number: \_\_\_\_\_

☐ \* Effective Date for this change: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ \* Laboratory Name: \_\_\_\_\_

☐ \* Site Address: \_\_\_\_\_

Add Test (List Test Name and Manufacturer):  
\_\_\_\_\_

Delete Test (List Test Name and Manufacturer):  
\_\_\_\_\_

☐ \* Mailing Address: \_\_\_\_\_

☐ Add additional Sites (use separate page if needed)

☐ \* Entity Operator Name (please print): \_\_\_\_\_

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

☐ \* Federal Tax ID Number: \_\_\_\_\_

☐ \* Phone Number: \_\_\_\_\_

☐ CLOSE THIS SOA REGISTRATION

\* \* Closure information may, at a minimum, include only the State ID number, effective date of change (closure) and appropriate signature and sign date.

☐ FAX Number: \_\_\_\_\_

### STATE USE ONLY

☐ LOA \_\_\_\_\_

Comments: \_\_\_\_\_

☐ \* Signature of Entity Operator or Owner \_\_\_\_\_ Date \_\_\_\_\_

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