



State of Oregon

Change Request Form for SOA Registration Labs

Laboratory Compliance Section
Fax: 503-693-5602
Phone: 503-693-4125

To Better Serve You

NEW: Any information with an asteric '*' must be completed. This is your 'Current Lab Information'. Please indicate what has changed by checking as many boxes as needed. If you are Closing your lab, see information at '**'.

* Laboratory State identification number:

* Effective Date for this change: ____/____/____

* Laboratory Name:

Add or Delete Test Kit

* Site address:

Test kit names

* Mailing address:

* Entity Operator Name (please print):

Add additional Sites (use separate page if needed)

* Federal Tax ID number:

* Phone number:

CLOSE THIS SOA REGISTRATION

* FAX number:

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

STATE USE ONLY

LOA _____

Comments: _____

* Signature of Entity Operator or Owner Date

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