



# State of Oregon

## Change Request Form for SOA Registration Labs

Laboratory Compliance Section  
Fax: 503-693-5602  
Phone: 503-693-4100

### 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:

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

\* Laboratory Name:

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Add or  Delete Test Kit

\* Site address:

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Test kit names

\* Mailing address:

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\* Entity Operator Name (please print):

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Add additional Sites (use separate page if needed)

\* Federal Tax ID number:

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\* Phone number:

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CLOSE THIS SOA REGISTRATION

\* FAX number:

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\* \* 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: \_\_\_\_\_

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\_\_\_\_\_

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

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