# Notification of HST Event

HST Laboratory Name _____

State Lab number _____

Reported by / Date _____

| Date of Testing | Site of Testing | Address | Time of Testing |
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***You may send Notification by Fax, Mail or email:***


Laboratory Compliance Section
3150 NW 229th Ave., Ste. 100
Hillsboro, OR 97124-7251
Phone: 503-693-4125
Fax: 503-693-5602
Email: LC.Info@state.or.us


Oregon Health Authority

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