Oregon State Public Health Division
Laboratory Compliance Section
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DHS Oregon Department of Human Services

FOR STATE USE ONLY
State #:
Approval Date:
Proof of Non-profit:
By:

'Multiple Site' Laboratory Information Form

Parent Laboratory Information	
Name:	
CLIA #:	Tax ID #:

Multiple Site Laboratory - Site Information	
Site Name:	
Physical Street Address:	
City, State, Zip:	
Phone:	Contact Name:

Laboratory Personnel Information and Tests Performed

Testing Staff Name / Degree	Wet Mount	Urine Micro.	Serum Preg.	Urine Preg.	Gram Stains	Strep Waived	Dip UA	HgB	Other