

November 12, 2007

TO: SOA Registration Entities

FROM: Rita A. Scheu, BS, MT(ASCP), Program Manager  
Laboratory Compliance Section (LCS), DHS

RE: 2008 **ON-LINE** REGISTRATION FOR SUBSTANCE OF ABUSE  
SCREENING

*Your current registration to perform SOA screens expires on December 31, 2007. This memo serves as your notice to re-register as an SOA Registration laboratory for the January 1, 2008 thru December 31, 2008 period. Entities that do not re-register will have an expired Registration on January 1, 2008.*

*As in the previous year, laboratories wishing to re-register for the new period must access the forms on-line, print them, then submit the paperwork with fee as instructed on the form. The web address is:*

*<http://oregon.gov/DHS/ph/lcqa/soalabs.shtml> and you'll click on '2008 Re-Licensure Event'. Please contact our office for assistance or to request we mail you the packet (503-693-4125).*

Remember to:

- Complete all boxes numbered 1 through 16 on the Registration form.
- Identify all other locations at which testing occurs and list them on the 'Additional Testing Locations' form.
- Identify your laboratory with your State #, a four-digit number beginning with '9' in the box designated for the State #, located on the application form. This four-digit number can also be located on your current Registration license.
- Assure that your SOA test kit is FDA approved, (# 11 on the application form) per OAR 333-024-0365(1)(A). Keep your proof of FDA approval readily available.

Please note that registered entities must meet the specific requirements indicated on the registration form to be in compliance with the law. In signing the registration form, the operator is certifying that the entity will comply with the law. The registration certificate (or a copy) must be displayed at all locations where SOA screening is performed.

*The cost of registration is \$50 per entity, per calendar year. Submit payment with the completed registration form by December 20, 2007 to receive your new Registration certificate by January 1, 2008. Failure to pay the appropriate fee invalidates your registration.*

The law requires each entity to inform LCS within 30 days of changes in:

- testing status (new kit or method)
- additions or deletions of testing locations
- individual contacts at each location.

Please notify LCS if you have discontinued, or wish to discontinue screening.

The form for notification of changes is located on our website at

<http://oregon.gov/DHS/ph/lcqa/docs/chngsoa.pdf>.

Please note that the 1999 Oregon Legislature passed House Bill 3603 pertaining to SOA testing which has subsequently become law. Three significant changes were made which impact all SOA entities:

- ❖ The definition of a substance of abuse was amended to include ethanol and controlled substances except as legally prescribed by licensed practitioners.
- ❖ SOA registered entities may now use saliva alcohol methods approved by the U.S. Department of Transportation as published in the Federal Register.
- ❖ Employees may now obtain a copy of their employer requested SOA test results upon written request to the laboratory performing the test.

We appreciate your cooperation in using the LCS website to complete your re-Registration for the 2008 period. This helps reduce paper waste and lowers processing costs. Thank you.

**SOA Registration Form**

January 1, 2008 through December 31, 2008

76700 72551 2145 \$50.00 (Fiscal Use Only)

Laboratory Compliance &amp; Quality Assurance

Health Services/OSPHL

Department of Human Services

www.healthoregon.org/ll

TEL: 503 693-4125

FAX 503-693-5602

TTY 971-673-0372



State #

\_\_\_\_/\_\_\_\_/\_\_\_\_ New \_\_\_\_/\_\_\_\_/\_\_\_\_ Renewal Re-open 

Please provide the following information:

►► **Instructions: Complete all numbered entries through item #16. Read and understand the attestation statement prior to signing. Follow instructions listed in item #16 for submitting the Registration fee.**

1. Name of Registration Entity: \_\_\_\_\_

2. Entity **main site** location: (include street address, city, state and zip code) \_\_\_\_\_

6. County \_\_\_\_\_

3. Entity **mailing address**: (include street address, city, state and zip code) \_\_\_\_\_

7. Telephone # \_\_\_\_\_

4. Entity Owner: (legal name) \_\_\_\_\_

8. FAX # \_\_\_\_\_

5. Entity contact name for main location, including phone #: \_\_\_\_\_

9. Federal Tax ID # \_\_\_\_\_

10. Please indicate the number of SOA testing locations:

 Single location Multiple locations (number) \_\_\_\_\_: List additional test locations on reverse side of this form, attach separate sheet if needed.

11. Type of SOA test kit(s) used, name of kit(s): \_\_\_\_\_

12. Name of kit manufacturer(s): \_\_\_\_\_

13. Estimated annual test volume (12 months): \_\_\_\_\_

*As the operator for this entity, I certify that the entity indicated above and its staff will meet the following requirements during the term of this substance of abuse registration: ♦Only SOA screening kits approved by the FDA, or alcohol screening kits approved by the U.S. DOT as defined by the National Highway Traffic Safety Administration Docket No. 94-004, Notices 2, 3 and 4 published in the Federal Register, are used to test clients; ♦Tests are administered according to the manufacturer's package insert; ♦Chain of custody procedures are written and followed. ♦Operator of the SOA on-site screening facility is trained by the manufacturer in the performance of the SOA screening test kit; ♦Confirmation tests are performed on the same specimen used for screening, by a laboratory possessing a valid CLIA certificate, or an equivalent out of state laboratory, by a different analytical method, when a positive screen is obtained and the test results are to be used to deny or deprive any person employment or any benefit, or may otherwise result in adverse employment action.*

**The original signature of Entity Operator is required to process registration:**

14. (Signature of Entity Operator) \_\_\_\_\_

(Date) \_\_\_\_\_

15. Print name of operator \_\_\_\_\_

**Registration fee and payment information**16.  Submit SOA Registration fee of \$50.00 check payable to **Department of Human Services**

Attach payment to your completed Registration form and mail to:

**Oregon Health Services/Financial Services PO Box 14260 Portland OR 97293-0260**

This form is available in alternate formats by calling 503-693-4125

