OAR 333-024-0385 TESTING SITE SCHEDULE SCHEDULE MUST BE RECEIVED IN OUR OFFICE AT LEAST 15 DAYS PRIOR TO TESTING AT EACH SITE.

| Notification of HST Event | | | | |
|-----------------------------------|-----------------|------------------|--|--|
| HST Laboratory Name | | | | |
| State Lab number | | CLIA ID# | | |
| Reported by / Date | | | | |
| Date of Testing | Site of Testing | Address | Time of Testing | |
| Date of Testing | Site of Testing | Address | Time of Testing | |
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| Please send completed for | orm to: | | | |
| Email: LC.info@odhsoha.oregon.gov | | | Regulatory Section Oregon State Public Health Laboratory | |
| -or- | | 7202 NE Evergree | 7202 NE Evergreen Pkwy, Ste 100 Hillsboro, OR 97124 | |
| Fax: 503-693-5602 | | | 711135510, OR 37124 | |

Revised 09/2024