

Please complete and return to:

New York State Department of Health
Wadsworth Center - Environmental Laboratory Approval Program
PO BOX 509 - Empire State Plaza

Albany, NY 12201-0509

Phone: (518) 485-5570 Fax: (518) 473-8117 email: elap@health.ny.gov

Complete if Applicable:

LAB ID# _____

APPLICATION for PRIMARY ACCREDITATION - MEDICAL MARIHUANA

Laboratory Name: _____ 180.7

Address: _____

City, State, Zip: _____

You must include the following for each analyte for which approval is requested:

___ Demonstration of Capability (DOC) form, ___ DOC summary/supporting data, and ___ Standard Operating Procedure

To complete this form, please place an "A" on the line preceding each analyte name to indicate an addition to your scope of accreditation. If you wish to remove an analyte from your scope, place an "E" on the line preceding each analyte name. Also, please cite the determinant and/or prep method you wish to add or erase by using the "ELAP Method Number" listed in the Certification Manual Item 180.7.

An application that omits any of this information will be considered incomplete.

Is the application request for additions ("A") for NYS work (i.e. will analysis be performed on NYS samples)? ___Y ___N

ELAP Method No.

ELAP Method No.

Cannabinoids

- ___ Tetrahydrocannabinol _____
- ___ Tetrahydrocannabinol acid _____
- ___ Tetrahydrocannabivarin _____
- ___ Cannabidiol _____
- ___ Cannabinadiolic acid _____
- ___ Cannabidivarine _____
- ___ Cannabinol _____
- ___ Cannabigerol _____
- ___ Cannabichromene _____
- ___ Other Cannabinoid at >0.1% _____

Microorganisms

- ___ Clostridium _____
- ___ E. coli _____
- ___ Klebsiella _____
- ___ Pseudomonas _____
- ___ Salmonella _____
- ___ Streptococcus _____
- ___ Bile tolerant gram negative bacteria _____
- ___ Aspergillus _____
- ___ Mucor species _____
- ___ Penicillium species _____
- ___ Thermophilic actinomycetes species _____

Toxins

- ___ Aflatoxin _____
- ___ Ochratoxin _____

Metals

- ___ Antimony _____
- ___ Arsenic _____
- ___ Cadmium _____
- ___ Chromium _____
- ___ Copper _____
- ___ Lead _____
- ___ Nickel _____
- ___ Zinc _____
- ___ Mercury _____

Organics

- ___ Pesticide/Herbicide/Fungicide/Insectic _____
- ___ Growth regulator _____
- ___ Myclobutanil _____
- ___ Piperonyl butoxide _____
- ___ Indole-3-butyric acid _____

ELAP Method No.

Organics

_____ Azadirachtin _____

Are any of the additions or erasures requested on this form associated with State and/or Federal contracts? _____ yes _____ no

I certify that the environmental laboratory analyses in the Medical Marihuana category for which approval has been requested are done using methods approved by the Commissioner of Health and that the information in this application is true to the best of my knowledge.

NAME OF LABORATORY DIRECTOR

SIGNATURE OF LABORATORY DIRECTOR

MO / DAY / YEAR