

Please complete and return to:

New York State Department of Health
Wadsworth Center - Environmental Laboratory Approval Program
NYS DOH - Empire State Plaza

Albany, NY 12237

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

Complete if Applicable: LAB ID# _____
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APPLICATION for PRIMARY ACCREDITATION - MEDICAL MARIHUANA

Laboratory Name: _____

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 (THC) _____
- ____ Tetrahydrocannabinol acid (THCA) _____
- ____ Tetrahydrocannabivarin (THCV) _____
- ____ Cannabidiol (CBD) _____
- ____ Cannabinadiolic acid (CBDA) _____
- ____ Cannabidivarin (CBDV) _____
- ____ Cannabinol (CBN) _____
- ____ Cannabigerol (CBG) _____
- ____ Cannabichromene (CBC) _____
- ____ Other Cannabinoid at >0.2% _____

Microorganisms

- ____ Clostridium botulinum _____
- ____ E. coli _____
- ____ Pseudomonas species _____
- ____ Salmonella species _____
- ____ Enterococcus species _____
- ____ Bile tolerant gram negative bacteria _____
- ____ Aspergillus species _____
- ____ Mucor species _____
- ____ Penicillium species _____
- ____ Thermophilic actinomycetes species _____

Toxins

- ____ Aflatoxins B1, B2, G1, G2 _____
- ____ Ochratoxin A _____

Metals

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

Organics

- ____ Pesticide/Herbicide/Fungicide/Insectic _____
- ____ Growth regulator _____
- ____ Myclobutanil _____
- ____ Piperonyl butoxide _____
- ____ Indole-3-butyric acid _____
- ____ Azadirachtin _____
- ____ Cinerin I _____
- ____ Cinerin II _____
- ____ Jasmolin I _____

ELAP Method No.

Organics

_____ Jasmolin II	_____
_____ Pyrethrin I	_____
_____ Pyrethrin II	_____

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