

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 \_\_\_\_\_  
\_\_\_\_ Cannabidivarin \_\_\_\_\_  
\_\_\_\_ 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 \_\_\_\_\_

**Organics**

\_\_\_\_\_ Piperonyl \_\_\_\_\_ butoxide \_\_\_\_\_

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