State of California, Department of Cannabis Control Test Methods – Standard Operating Procedures

Please provide a detailed response to the items below. If more space is needed additional pages may be added.
Laboratory Name:
Primary Contact Name, Email, and Phone Number:
1. List all analytes and matrices tested by the method.
2. Please list the following:
a. Brand name and model of instrumentation used.
b. Other equipment used for testing (e.g., balance, centrifuge, vials).

	c. List and describe procedure(s) for making reagents, solutions, standards, and reference materials used in the method.
	Provide the method sensitivity, which may include the limits of detection and limits of antitation for each analyte tested.
4. [Describe the types, frequency, and acceptance criteria for quality control samples.
5. [Describe the types, frequency, and acceptance criteria for calibration standards.
6. [Describe the procedure for analyzing analytical batch samples.

7. Describe corrective action procedures used when laboratory qualit	y control samples fail.
8. Provide calculations used, if any.	
9. Describe any potential interferences with the analysis.	
10. Specify the ISO/IEC 17025 accreditation body and accreditation the method, if applicable.	or certificate number for
11. Signature of supervisory or management laboratory employee:	Date:
Applicant Signature	Date Signed