## 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).



	and describe procedurals used in the method		agents, solution:	s, standards, and re	eference
	e the method sensitivit tion for each analyte t		de the limits of o	detection and limits	s of
4. Descril	be the types, frequenc	y, and acceptance	e criteria for qua	ity control samples	S.
5. Descril	be the types, frequenc	y, and acceptance	e criteria for calik	oration standards.	
6. Descril	be the procedure for a	nalyzing analytica	l batch samples.		

7. Describe corrective action procedures used when laboratory quality	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 of the method, if applicable.	or certificate number for
Signature of supervisory or management laboratory employee	Date
Applicant Signature	Date Signed

