## 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).

	st and describe procedure(s) fo erials used in the method.	or making reagents, so	lutions, standards, and refer	ence
	ide the method sensitivity, which tation for each analyte tested.	ch may include the lim	its of detection and limits of	
4. Desc	cribe the types, frequency, and	acceptance criteria fo	or quality control samples.	
ō. Desc	cribe the types, frequency, and	acceptance criteria fo	r calibration standards.	
ó. Desc	cribe the procedure for analyzir	ng analytical batch sar	nples.	

7. Describe corrective action procedures used when laboratory qualit	ry control samples fail.
3. 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