

For Department Use Only:  
Log No. \_\_\_\_\_  
Operator: \_\_\_\_\_  
Date Received  
IDOA: \_\_\_\_\_

Illinois Department of Agriculture  
Springfield, Illinois

**APPLICATION FOR LABORATORY APPROVAL  
TO HANDLE, TEST OR ANALYZE MEDICAL  
CANNABIS IN ILLINOIS**

As required by Section 1000.500 of the administrative rules of the Illinois Department of Agriculture (Department) (8 Ill. Adm. Code 1000.500), application is hereby made for approval as a laboratory for the purposes of handling, testing or analyzing medical cannabis in Illinois.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street and/or P.O Box City State Zip

Laboratory Location \_\_\_\_\_  
Street Address City State Zip

Laboratory attests to the following:

- 1. It has methods validated to ISO 17025 standards by the following independent organization that has a current ISO 17025 accreditation:

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Name of Company, Firm, Corporation Phone

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Street Address City State Zip

Email address: \_\_\_\_\_

- 2. It is independent from all other persons involved in the cannabis industry in Illinois and no person with a direct or indirect interest in the laboratory has a direct or indirect financial, management or other interest in a dispensary, dispensary facility, cultivation center, certifying physician or any other entity that may benefit from the production, manufacture, dispensing, sale, purchase or use of cannabis.

3. It has employed at least one person to oversee and be responsible for the laboratory testing who has earned, from a college or university accredited by a national or regional certifying authority, at least:
  - a. A master's level degree in chemical or biological sciences and a minimum of two years post-degree laboratory experience; or
  - b. A bachelor's degree in biological sciences and a minimum of four years post-degree laboratory experience. Please identify the employee and the specific information regarding the degree, the accredited college or university and the experience.

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Name

Phone

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Degree

College/University

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Experience (Specific details)

4. It has attached a list of all analytical methods validated with a copy of the most recent annual inspection report granting validation of the aforementioned methods. Additionally, every annual report hereafter will be submitted to the Department.
5. It has read and is familiar with Section 1000.510 of the rules of the Department (8 Ill. Adm. Code 1000.510) and will handle, test or analyze each batch and or sample submitted to it and comply with all other requirements in accordance with Section 1000.510.

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Signature of Applicant

Title

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

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Notary Public