

**Medical Marijuana Testing Laboratory Information**

This form is for use by laboratories seeking approval by the department for testing of usable marijuana.

Facility			
Legal Name of Laboratory or Facility			
Facility Address (physical location where testing takes place)			
Street Number and Street Name			
Unit Number	Unit Type (Apt, Unit, Suite, etc.)		
City	State	Zip Code	
Mailing Address (If different from physical address)			
Street Number and Street Name (or PO Box)			
Unit Number	Unit Type (Apt, Unit, Suite, etc.)		
City	State	Zip Code	
Director or Manager			
Name		Phone	
E-mail Address		Fax	
Contact Person			
Name		Phone	
E-mail Address		Fax	
Quality Assurance Officer			
Name		Phone	
E-mail Address		Fax	
Laboratory Testing Capabilities for Arkansas Medical Marijuana			
<input type="checkbox"/> Pesticides	<input type="checkbox"/> Water Activity & Moisture Content	<input type="checkbox"/> THC & CBD Concentration	
<input type="checkbox"/> Heavy Metals	<input type="checkbox"/> Microbiological Contaminants	<input type="checkbox"/> Solvents	
Current Accreditation Status for the Laboratory – Submit a copy of accreditation certificate			
<input type="checkbox"/> National Institute on Drug Abuse (NIDA)			
<input type="checkbox"/> National Environmental Laboratory Accreditation Conference (NELAC)			
<input type="checkbox"/> International Organization for Standardization (ISO)			
<input type="checkbox"/> Other: (please specify)			
Name of person completing application			
Print name	Signature		Date

Submit all with proof of accreditation to:

**Arkansas Department of Health
 Medical Marijuana Section
 4815 W. MARKHAM ST SLOT 50
 LITTLE ROCK, AR 72205**