FORM C

CA Department of Public Health Food and Drug Laboratory Branch 850 Marina Bay Parkway, G365 Richmond, CA 94804-6403

METHADONE PROGRAMS SERVICED BY THIS LABORATORY

1.	Name of laboratory:		
2.	Laboratory Address:	City	Zip
3.	CERTIFICATION BY PERSON REVIEWING AND APPROVING THIS FORM FOR THE LABORATORY:		
	Print or Type Name:	Signature:	Date:
4. Provide the following information for each Methadone Program for which this laboratory performs methadone drug analysis (attach additional sheets, if necessary):			
NA	ME OF METHADONE PROGRAM	ADDRESS AND TELEPHONE NUMBER	NAME OF PROGRAM DIRECTOR