FORM D

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

SYNOPSIS OF METHADONE DRUG ANALYSIS LABORATORY'S METHODS

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. INSTRUCTIONS:				
	f the drugs named in Section a confirming test used by your	1186 of Title 17, California Co	ode of Regulations, identify t	he initial test and the
		in your laboratory. The detec	ction limit of each method is t	the lowest drug
	ion that the laboratory can reli			
	INITIAL TEST		ALTERNATIVE TEST	
	Test Used	Detection Limit (µg/mL)	Test Used	Detection Limit (µg/mL)
Methadone				
Methadone metabolite				
(primary)				
Morphine				
(free and conjugated)				
Codeine				
Codeme				
Amphetamine				
Methamphetamine				
Phenobarbital				
Pentobarbital				
Secobarbital				