

FORM C

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):

NAME OF METHADONE PROGRAM	ADDRESS AND TELEPHONE NUMBER	NAME OF PROGRAM DIRECTOR