



MISSOURI DEPARTMENT OF HEALTH
 STATE PUBLIC HEALTH LABORATORY
APPLICATION FOR TYPE I PERMIT

NAME	AGE	TELEPHONE NUMBER
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ORGANIZATION

BUSINESS ADDRESS (STREET, CITY, STATE, ZIP CODE)

DIRECTOR'S NAME	TELEPHONE
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<input type="checkbox"/> NEW PERMIT	<input type="checkbox"/> RENEWAL	PERMIT NUMBER	EXPIRATION DATE
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ALCOHOL ANALYSIS: BLOOD SALIVA URINE

DRUG ANALYSIS BLOOD URINE

EDUCATION						
COLLEGE OR UNIVERSITY	YEARS ATTENDED	HOURS QTRS/SEM.	MAJOR	MINOR	DEGREE	GRADUATED

OTHER RELEVANT TRAINING		
COURSE OR PROGRAM TITLE	AGENCY OR INSTITUTION	DATES

ANALYTICAL EXPERIENCE	
ORGANIZATION	DATES EMPLOYED

FOR DRUG TESTING ONLY, Provide name of proficiency testing program(s) your facility subscribes to: _____

METHODS USED FOR ANALYSIS	
ALCOHOL <input type="checkbox"/> Gas or liquid chromatography <input type="checkbox"/> Spectrophotometric or colorimetric analysis <input type="checkbox"/> Titration (dichromate reduction)	DRUGS <input type="checkbox"/> Enzymeimmunoassay (EIA) <input type="checkbox"/> Fluorescence Immunoassay (FIA) <input type="checkbox"/> Radioimmunoassay (RIA) <input type="checkbox"/> Gas-Liquid Chromatography (GLC) <input type="checkbox"/> Thin Layer Chromatography (TLC) <input type="checkbox"/> High-Pressure Liquid Chromatography (HPLC) <input type="checkbox"/> Ultra-Violet Spectrophotometry (UV) <input type="checkbox"/> Gas Chromatography/Mass Spectrometry (GC/MS)