
Recipient Name *(Select)*

Select

State

Select Recipient Name

Federal Award Identification Number

Select Recipient Name

Report Frequency

Date Completed

Project Period Start Date

Project End Date

Budget Period Start Date

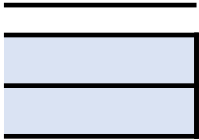
Budget Period End Date

Principal Investigator (PI)

PI Email

PI Phone

Select "Yes" for all applicable award tracks for which reporting information is included:



TO BE FILLED OUT BY FDA

Date:	
Matrices:	
Analyte(s):	
Methods:	
Comments:	

Lab Name

Are you able to analyze any or all the matrices listed using the method(s) cited?

Please list what matrices you could test.

Has your lab analyzed these matrices using these methods in the past?

Which methods do you use? Please list all methods available.

Are the methods
validated for the
matrices?

Please list matrix, method and
validation status.

Do you have trained staff
proficient for this analysis?

Are any or all of methods
on your scope of
accreditation?

Please list which methods
are on your accreditation
scope.

Are you willing to pivot
current approved
sampling plan to this
activity?

How many samples can
you do in a week?
(Estimate only)

How many samples
would you be willing
test in total? (Estimate
only)?

Are you able to
arrange collection of
these samples in your
state?

Please Provide Any Additional Information To
Explain Your Labs Capabilities