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**Recipient Name** *(Select)*

Select

**State**

Select Recipient Name

**Federal Award Identification Number**

Select Recipient Name

**Report Frequency**

**Date Completed**

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**Project Period Start Date**

**Project End Date**

**Budget Period Start Date**

**Budget Period End Date**

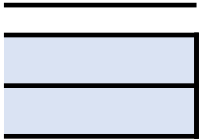
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**Principal Investigator (PI)**

**PI Email**

**PI Phone**

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



**TO BE FILLED OUT BY FDA**

<b>Date:</b>	
<b>Matrices:</b>	
<b>Analyte(s):</b>	
<b>Methods:</b>	
<b>Comments:</b>	

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