



Ohio EPA Office Use Only			
Application ID:		Approved:	/ /
Received:	/ /	Fee Applied:	
Revenue ID:			

Cyanotoxin Analysis and Cyanobacteria Screening Application for Certification

Application for (check applicable boxes):

Initial
 Renewal
 Add Analyst(s)
 Add Method(s)

Name of Laboratory:								
Laboratory Certification Number:								
Mailing Address:								
City:					State:		Zip:	-
Laboratory Address:								
City:					State:		Zip:	-
Phone Number:	() -	Extension:		Fax Number:	() -			
Email Address:						County:		
Ohio EPA District:								
Name of Primary Contact for the Laboratory:								
		<i>First</i>	<i>Middle Initial</i>		<i>Last</i>			
Date Laboratory Certification Expires:		/ /						

NOTICE

In order to be processed, the most current version of the application must be used, and it must be complete and legible. The most current version is located on our website at <https://epa.ohio.gov/ddagw/labcert>. After acceptance of this application, an invoice will be generated.

Analyst Information:

- List analyst name and analyst number.
- Mark NEW if an analyst is new to this laboratory or is adding a new method.
- Identify the method to be included in the survey for each analyst.

Analyst Name	Analyst Number	New	Cyanotoxin Analysis		Cyanobacteria Screening
			Total Microcystins by ELISA (Ohio EPA DES 701.0)		Determination of Cyanobacteria and Cyanotoxin Producing Genes (Ohio EPA DES 705.0)
			Manual	Automated	qPCR
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OATH

I certify that all of the information included on this application is true, complete and correct to the best of my knowledge and belief and are made in good faith. I affirm the right of the Ohio Environmental Protection Agency to inspect the laboratory, its operations and pertinent records. I agree the personnel to be approved will analyze applicable unknown performance samples provided at the time of the survey and will report the values within a time period designated by the Laboratory Certification Officer.

Signature of Primary Contact for Laboratory:		Date:	/	/
Title of Primary Contact for Laboratory:				

Send completed applications to:

DWLabCert@epa.ohio.gov