

Independent Testing Laboratory Registration Application Revised – December 1, 2017

This document was issued originally by the Department of Public Health (DPH). As part of the transfer of the medical-use of marijuana program on or before December 31, 2018, the Commission adopted this document. We suggest that before you rely on the contents of this document, you check the applicable medical-use marijuana laws, which include M.G.L. c. 94I and 935 CMR 501.000, as they may provide or clarify the legal requirements related to this document. We also suggest that you periodically check for revisions to this document. Questions with regards to this document may be directed to CannabisCommission@Mass.gov.

INSTRUCTIONS

The following instructions are to be followed by a laboratory that wishes to apply for a Certificate of Registration to operate as an Independent Testing Laboratory (ITL) for a Registered Marijuana Dispensary in Massachusetts.

In order to apply for registration as an ITL, the laboratory must complete the attached *Independent Testing Laboratory Registration Application* (“Application”). The Application must be completed and signed by an authorized signatory of the laboratory.

When submitting the *Independent Testing Laboratory Registration Application*, the laboratory must attach documentation demonstrating that the laboratory is accredited to International Organization for Standardization (ISO) 17025 by a third party accrediting body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement; or certified, registered, or accredited by an organization approved by the Cannabis Control Commission (“Commission”).

If an ITL is unable to demonstrate compliance regarding all requirements in 935 CMR 501.000, a waiver request may be submitted to the Commission pursuant to 105 CMR 725.700.

Mail or hand-deliver the *Independent Testing Laboratory Registration Application*, and attachment, to:

**Medical Use of Marijuana Program
Laboratory Applications
101 Federal St., 13th Floor
Boston, MA 02110**

REVIEW

Applications are reviewed in the order they are received.



After a completed application is received by the Commission, the Commission will review the information and will contact the laboratory if clarifications or updates to the submitted application are needed. The Commission will notify the laboratory whether it has met the standards necessary to receive a Certificate of Registration as an ITL.

REGISTRATION IN THE MMJ ONLINE SYSTEM

An ITL must apply for laboratory Agent registration for any of its employees, consultants or volunteers that will be in possession of marijuana for medical use on behalf of the laboratory. Following receipt of the Certificate of Registration, the Commission will follow up with the ITL regarding information on registering agents in the Medical Use of Marijuana Online System (“MMJ Online System”).

REGULATIONS

For complete information regarding registration of an ITL, please refer to 105 CMR 725.031.

It is the Laboratory’s responsibility to ensure that all responses are consistent with the requirements of 935 CMR 501.000, et seq., and any requirements specified by the Commission, as applicable.

PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

QUESTIONS

If additional information is needed regarding the ITL registration process, please contact the Medical Use of Marijuana Program at 617-660-5370 or RMDcompliance@state.ma.us.

CHECKLIST

The documents listed below must accompany each application, and be submitted as outlined above:

- ☐ A fully and properly completed *Independent Testing Laboratory Registration Application*, signed by an authorized signatory of the laboratory

- ☐ Documentation demonstrating that the laboratory is accredited to International Organization for Standardization (ISO) 17025 by a third party accrediting body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement; or certified, registered, or accredited by an organization approved by the Cannabis Control Commission.

**SECTION A: INDEPENDENT TESTING LABORATORY INFORMATION
(REQUIRED)**

1. Laboratory name:		2. Laboratory tax ID number:	
3. Organization name:		4. Laboratory telephone number: ()	5. Laboratory fax number: ()
6. Laboratory business address 1:		7. Laboratory business address 2:	
8. City:	9. State:		10. Zip code:
11. Laboratory mailing address 1:		12. Laboratory mailing address 2:	
13. City:	14. State:		15. Zip code:
SECTION B: INDEPENDENT TESTING LABORATORY CONTACT PERSON INFORMATION (REQUIRED)			
16. Last name of contact person:		17. First name of contact person:	
18. Phone number of contact person: ()		19. Alternate phone number of contact person: ()	
20. Email address of contact person:			

**SECTION C: INDEPENDENT TESTING LABORATORY CONTACT PERSON ATTESTATIONS
(REQUIRED)**

Read the attestations below and check each box to attest that you understand and agree with the attestation.

I represent that I am authorized to act on behalf of the laboratory in signing this Registration Application and the attestations therein.

I have submitted all the required information on behalf of the laboratory to the best of my abilities and have not made any false representations.

I will not engage in or allow the diversion of marijuana for medical use.

I, on behalf of the laboratory, understand and acknowledge the limitation on the laboratory's authorization to possess and transport marijuana for medical use in the Commonwealth.

I, on behalf of the laboratory, understand and acknowledge the laboratory may not cultivate marijuana.

I, on behalf of the laboratory, understand and acknowledge the laboratory may not possess, transport or process marijuana other than that necessary for the purposes of testing in compliance with 935 CMR 501.000.

I, on behalf of the laboratory, understand and acknowledge the laboratory must be granted a certificate of registration by the Cannabis Control Commission ("Commission") prior to serving as an Independent Testing Laboratory for a RMD.

I, on behalf of the laboratory, understand and acknowledge that the laboratory must provide documentation that it meets the requirements of an Independent Testing Laboratory pursuant to 935 CMR 501.000.

I, on behalf of the laboratory, understand and acknowledge that nothing in Massachusetts law or Commission regulations, 935 CMR 501.000, requires the violation of federal law, purports to give immunity under federal law, or poses an obstacle to federal enforcement of federal law.

I, on behalf of the laboratory, understand that the laboratory must maintain records on all marijuana received by the laboratory on behalf of a RMD, and such records should be produced to the Cannabis Control Commission upon request as permitted by law.

I, on behalf of the laboratory, understand and acknowledge that the laboratory is responsible for notifying the Medical Use of Marijuana Program within five business days (by calling 617-660-5370) after any change to the information that was submitted to the Program, including to information on the contact person.

I, on behalf of the laboratory, understand that a certificate of registration for a laboratory will remain valid unless and until the laboratory's current accreditation to International Organization for Standardization (ISO) 17025 is no longer active.

I, on behalf of the laboratory, attest that employees of the laboratory will not engage in the diversion of marijuana and that he or she understands the protections conferred by Chapter 369 of the Acts of 2012 for possession of marijuana for medical use are applicable only with Massachusetts.

I, on behalf of the laboratory, attest that the laboratory is (1) Accredited to International Organization for Standardization (ISO) 17025 by a third party accrediting body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement or (2) certified, registered, or accredited by an organization approved by the Cannabis Control Commission.

I, on behalf of the laboratory, attest that the laboratory can conduct the required testing according to DPH guidance described in the "Protocol for Sampling and Analysis of Finished Medical Marijuana Products and Marijuana Infused Products for Massachusetts Registered Medical Marijuana Dispensaries."

I, on behalf of the laboratory, attest that the laboratory will use Good Laboratory Practices for laboratory operations consistent with DPH guidance described in the "Quality Assurance Program Plan for Analytical Testing Laboratories Performing Analyses of Finished Medical Marijuana Products and Marijuana-Infused Products in Massachusetts."

By signing below, I hereby certify that the above information is correct and complete.

21. Signature of Contact Person:

22. Date Signed (mm/dd/yyyy):

/ /

IMPORTANT: Please include documentation demonstrating that the laboratory is accredited to International Organization for Standardization (ISO) 17025 by a third party accrediting body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement; or certified, registered, or accredited by an organization approved by the Cannabis Control Commission.