



# Louisiana Department of Health Office of Public Health



## Certification of Compliance

This application must be signed and dated by the laboratory management attesting to the validity of the application information. By signing below, the undersigned agrees to the following:

- a) I understand and acknowledge that the laboratory is required to be continually in compliance with Louisiana Department of Health’s standards and is subject to the enforcement and penalty provisions of that accrediting body; and
- b) I hereby certify that I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answers to the questions on this applications.

**Legal Name of Laboratory:** \_\_\_\_\_

### Owner/Authorized Agent

### Technical Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

▶ \_\_\_\_\_  
Signature

▶ \_\_\_\_\_  
Signature

▶ \_\_\_\_\_  
Date

▶ \_\_\_\_\_  
Date

### Quality Assurance Officer

### Other (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

▶ \_\_\_\_\_  
Signature

▶ \_\_\_\_\_  
Signature

▶ \_\_\_\_\_  
Date

▶ \_\_\_\_\_  
Date