



**STATE OF HAWAII
DEPARTMENT OF HEALTH
SUBSTANCE ABUSE TESTING LABORATORY LICENSE**

Pursuant to Chapter 329B, Hawaii Revised Statutes, and Title 11, Chapter 113,
Hawaii Administrative Rules, this license is issued to:

DIAGNOSTIC LABORATORY SERVICES, INC.
Laboratory

99-859 Iwaiwa Street, Aiea, HI 96701
Address

Queen's Development Corp. & Kuakini Development Corp.
Owner(s)

for substance abuse testing in the State of Hawaii, subject to the following limitations:

Test Specimens: Urine; Alcohol – Urine and Serum
Substances Tested and Approved Methodologies (Cutoff levels as per Hawaii Administrative Rules 11-113-18)

<u>Substance</u>	<u>Screening</u>				<u>Confirmatory</u>	
	<u>EIA</u>	<u>RIA</u>	<u>EPIA</u>	<u>KIMS</u>	<u>GC/MS</u>	<u>Other (specify)</u>
Marijuana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Cocaine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Amphetamines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Opiates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Phencyclidine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Barbiturates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Methaqualone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Benzodiazepines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Propoxyphene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Methadone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<u>LC/MS/MS</u>
Alcohol (specify)	EIA Urine & Serum					
Others (specify)	Confirmation by LC/MS/MS : 6 Acetyl Morphine, Methamphetamine, EDDP (Methadone metabolite)					

This license is granted on the express condition that it may be suspended or revoked for any of the causes enumerated in Sections 11-113-9 or 11-113-10, Hawaii Administrative Rules.

Effective Date: July 01, 2023

License No.: SAT-L-003

Expiration Date: June 30, 2025

(for) DIRECTOR OF HEALTH