STATE OF WISCONSIN

CONTROLLED SUBSTANCES BOARD

SPECIAL USE AUTHORIZATION

JOSHUA RHEIN

Number: 2350-450

This is to certify that the below named individuals have received authorization from the Controlled Substances Board(s. 961.335,Wis. Stats.) to purchase and possess not more than the following amounts of controlled substances for the stated purpose at the indicated location as more fully described in the original application on file in the Controlled Substances Board. **The total amount in inventory and purchased may not exceed the total authorized amount for the authorization period**.

AUTHORIZED INDIVIDUALS	**CONTROLLED SUBSTANCES**
***Please See Attachments**	***Please See Attachment**

PURPOSE: SUA-Analytical Laboratory

LOCATION: Eurofins SF Analytical Laboratories, 2345 S 170th Street, New Berlin WI 53151

This authorization is valid for one year from the date hereof, and **you must re-apply if possession authorization is to be extended beyond the 11th day of August, 2026 . Failure to re-apply will result in automatic termination of the authorization without further notice.**

This authorization is expressly subject to the following conditions: Any phase of research in which human subjects are used must be under the direct supervision of a physician currently licensed to practice in the State of Wisconsin. This authorization is expressly subject to such regulations and review that may be required by the federal government.

Dated this **3rd day of September, 2025.**

WI Department of Safety and Professional Services

Carmell Listenbee

Carmell Listenbee
License/Permit Program Associate
Controlled Substances Board

4. CONTROLLED SUBSTANCES **(The application review process may be delayed if the below table is not completed in its entirety. You must provide justification for all new drug substances.)**

New Applicants: You must list all controlled substances you wish to acquire and possess.

Renewal Applicants: You must list all drug substances you were previously authorized to have in your possession and any new drugs added to your renewal application. **If this renewal application is submitted after the expiration date listed at the top of page 1 of this application, please attach a written explanation for the lapse in licensure.**

All Applicants: ONCE ISSUED, AUTHORIZATION IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE. FAILURE TO RE-APPLY WILL RESULT IN AUTOMATIC TERMINATION OF THE AUTHORIZATION WITHOUT FURTHER NOTICE.

***All drug/substance amounts must be listed in the same unit and given in weight if solid, or volume and concentration if liquid. If a separate list is appended, only list the controlled substances.**

Drug/Substance (no brand names)	**Amount Approved From Last Year** (for you to have in your possession*)	**Amount Inventory On Hand***	+	**New Amounts Need To Purchase***	=	**TOTAL AMOUNT Requested For Authorization*** (This must include inventory on hand AND new purchases.)
All Schedule I-V Drugs for analytical testing.	Less than 500g of any substance.	N/A		N/A		Less than 500g of any individual substance.

***All drug/substance amounts must be listed in the same unit and given in weight if solid, or volume and concentration if liquid. If a separate list is appended, only list the controlled substances.**

Wisconsin Department of Safety and Professional Services

12. List **ALL** individuals participating in the functions for which the Authorization was approved. IF NOT PREVIOUSLY AUTHORIZED, HAVE EACH **NEW PERSON ALSO** COMPLETE ITEM 13 BELOW.

Name:	Title:
Joshua Rhein	Business Unit Manager
David Riggs	Cluster President
Fran Saunders	Director of Client Services
Rachel Orsini	Quality Manager
Dan Sardina	Quality Specialist
Jamie Willems	Specialty Testing Manager
Mckenna Coulter	Scientist I (1)

In addition to listing in #12, please complete (Item 13) for each **new** authorized individual **only**. (Duplicate page as necessary.)

13. ACKNOWLEDGMENT OF PARTICIPATION IN SPECIAL USE AUTHORIZATION #: 2350-450

Name of New Individual: Mckenna Coulter

Title: Scientist I

Qualifications: B.S. Biochemistry, over 4 years of experience with Eurofins.

I acknowledge participation in activities authorized under this Special Use Authorization and agree to comply with all Federal and State regulations governing such activities.

Mckenna Coulter — 08/07/2025

Signature of New Individual **(Print and Sign Form)** Date

14. Under penalty of Wisconsin Statute 961.43,* I declare that the statements contained herein are true and correct to the best of my knowledge and belief; and the authorization herein applied for is to cover only the person(s) indicated at the location specified and only for the controlled substances in the amounts authorized.

IMPORTANT: The applicant must maintain current and accurate records of all receipts and dispositions of controlled substances obtained pursuant to the issuance of the authorization.

08/11/2025

Signature of Applicant (person listed in item 1 on page 1) **(Print and Sign Form)** Date

*Under Wisconsin Statute 961.43, all statements must be true and correct:

"(1) It is unlawful for any person:

(a) To acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge;

(b) Any person who violates this section may be fined not more than $30,000 or imprisoned not more than four years or both

(1) See second instance of pg 6 of 7 for additional authorized individuals. -CXH7 08/06/25

Wisconsin Department of Safety and Professional Services

12. List **ALL** individuals participating in the functions for which the Authorization was approved. IF NOT PREVIOUSLY AUTHORIZED, HAVE EACH **NEW PERSON ALSO** COMPLETE ITEM 13 BELOW.

Name:	Title:
Lily Zehfus	Specialty Analysis Supervisor
Samantha Moos	Technical Project Manager
Ann McKeown	Senior Client Services Representative
Christina Pura	Client Services Representative
Vilas Gaddameedi	Monograph Supervisor
NA	NA
NA	NA

In addition to listing in #12, please complete (Item 13) for each **new** authorized individual **only**. (Duplicate page as necessary.)

13. ACKNOWLEDGMENT OF PARTICIPATION IN SPECIAL USE AUTHORIZATION #: 2350-450

Name of New Individual: Vilas Gaddameedi

Title: Monograph Supervisor

Qualifications: B.S. Biochemistry, over 4 years of experience with Eurofins.

I acknowledge participation in activities authorized under this Special Use Authorization and agree to comply with all Federal and State regulations governing such activities.

Vilas Gaddameedi — 08/07/2025

Signature of New Individual **(Print and Sign Form)** Date

14. Under penalty of Wisconsin Statute 961.43,* I declare that the statements contained herein are true and correct to the best of my knowledge and belief; and the authorization herein applied for is to cover only the person(s) indicated at the location specified and only for the controlled substances in the amounts authorized.

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