



## AUTHORIZED SIGNATURES

### DEPARTMENT OF HEALTH AND SENIOR SERVICES - HEALTH LAB

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Gaw	Susan	Health Lab	101 N Chestnut	Jefferson City, MO	susan.gaw@health.mo.gov	573-751-7233
SA	Johnson	Shondra	Health Lab	101 N Chestnut	Jefferson City, MO	shondra.johnson@health.mo.gov	573-751-1486
SA	Menges	Mary	Health Lab	101 N Chestnut	Jefferson City, MO	mary.menges@health.mo.gov	573-751-1371
SA	Moser	Heather	Health Lab	101 N Chestnut	Jefferson City, MO	heather.moser@health.mo.gov	573-751-1340
AA	Thomas	John	Statewide	912 Wildwood	Jefferson, City, MO	john.thomas@health.mo.gov	573-751-6059
AA	Whitmar	Bill	Health Lab	101 N Chestnut	Jefferson City, MO	bill.whitmar@health.mo.gov	573-751-7233

\*SA = SIGNATURE AUTHORITY  
AA = APPOINTING AUTHORITY  
POC = POINT OF CONTACT