

REFERENCE LABS



Useable Marijuana Harvest Lot Sampling and Analysis Request Form			Unique Event ID#:
<i>Requests for sampling and testing are processed once the Laboratory has received a completed and signed "Sampling and Analysis Request Form". All fields in this form are required to be completed to schedule Sampling</i>			
Client Business Name		Address of Sampling Location	
Client Contact Name			
Submit Results to Authority	<input type="checkbox"/> OLCC Licensee <input type="checkbox"/> OHA Registrant	Total Number of Harvest Lots	
OLCC, OHA , or ODA License Number		Total Number of Packages in Harvest Lot	
Harvest Lot Date(s)		Reason for Sampling and Analysis <small>If retesting due to failed test, include a copy of original results.</small>	<input type="checkbox"/> Compliance <input type="checkbox"/> R&D <input type="checkbox"/> Retest
Container Description(s):			
Analysis	Analysis Requested		
*Pesticides: OAR 333-007-0400	<input type="checkbox"/> - Composite/Batch Testing	<input type="checkbox"/> Package	
*Potency: OAR 333-007-0430	<input type="checkbox"/> - Composite/Batch Testing	<input type="checkbox"/> Package	
*Water Activity: OAR 333-007-0420	<input type="checkbox"/> - Composite/Batch Testing	<input type="checkbox"/> Package	
*Moisture Content: OAR 333-007-0420	<input type="checkbox"/> - Composite/Batch Testing	<input type="checkbox"/> Package	
Terpenes by GC	<input type="checkbox"/> - Single strain	<input type="checkbox"/> - Other (Select samples in Harvest Lot Table)	
<i>* Indicate selection for minimum compliance testing for useable marijuana intended for retail sale to recreational consumers.</i>			
Business Day Turn Around Time: <input type="checkbox"/> 7-10 Days Standard <input type="checkbox"/> Rush	Phone:	E-Mail:	
Disposable Sampling Tools: <input type="checkbox"/> Gloves <input type="checkbox"/> Syringe <input type="checkbox"/> Weigh boats <input type="checkbox"/> Spatula <input type="checkbox"/> Coveralls <input type="checkbox"/> D.I. H2O	Other Sampling Tools: <input type="checkbox"/> Tongs <input type="checkbox"/> Scoop <input type="checkbox"/> Bin <input type="checkbox"/> Safety Goggles	Sample Container: <input type="checkbox"/> Mylar Bag <input type="checkbox"/> Syringe <input type="checkbox"/> Glass Vial	
<input type="checkbox"/> Other (Describe in comments)	<input type="checkbox"/> Other (Describe in comments)	<input type="checkbox"/> Other (Describe in comments)	
Sampling Plan			Deviations/Alterations:
Field Balance ID:	<input type="checkbox"/> N/A if in units	Numerical Systematic Sampling	

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Please fill out a single Harvest Lot and Date for each originating package containing 15LBS (6,810 Grams)										Harvest Lot Table					Testing Type					
For Client Usage					Optional Rush Service				Content Type					ANALYSIS						
									MATRIX					R&D						
Strain Name	Harvest Lot & Harvest Date (Batch ID)	Originating (METRC Tag ID for OLCC)	Number of Containers (Per Strain)	Package Weight (Grams)	1 Day 200%	2-3 Days 100%	3-4 Days 50%	4-7 Days 25%	Flower/Trim	Industrial Hemp	Extract	Concentrate	Edible/Topical	Cannabinoids (Potency)	Moisture	Pesticide	Water Activity	Terpene Profile	Residual Solvents	R&D
Additional Instructions:										NOTES:										<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Terms