

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.</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 or OHA Authorization 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 copy of original results.</small>	<input type="checkbox"/> Compliance <input type="checkbox"/> R&D <input type="checkbox"/> Retest
Container Description(s):			
Analysis	Analysis Grouping		
*Pesticides/Mycotoxin: OAR 333-007-0400 & 0425	<input type="checkbox"/> - Composite/Batch Testing <input type="checkbox"/> - Package <input type="checkbox"/> - Other (Select groups in Harvest Lot Table)		
*Potency: OAR 333-007-0430	<input type="checkbox"/> - Composite/Batch Testing <input type="checkbox"/> - Package <input type="checkbox"/> - Other (Select groups in Harvest Lot Table)		
*Water Activity: OAR 333-007-0420	<input type="checkbox"/> - Composite/Batch Testing <input type="checkbox"/> - Package <input type="checkbox"/> - Other (Select groups in Harvest Lot Table)		
*Moisture Content: OAR 333-007-0420	<input type="checkbox"/> - Composite/Batch Testing <input type="checkbox"/> - Package <input type="checkbox"/> - Other (Select groups in Harvest Lot Table)		
Terpenes by GC	<input type="checkbox"/> - Single strain <input type="checkbox"/> - Other (Select groups 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 tag									Harvest Lot Table					Testing Type							
									Content Type					Testing Type							
For Client Usage					Optional Rush Service				MATRIX					ANALYSIS							
Strain Name	Harvest Lot & Harvest Date (Batch ID)	Package ID (METRC Tag ID for OLCC)	Number of Containers (Per Strain)	Package Weight (Grams)	1 Day 100%	2-3 Days 50%	3-4 Days 25%	5-7 Days Standard	Flower/Trim	Industrial Hemp	Solvent-less Extract	Concentrate	Edible/Topical	Cannabinoids (Potency)	Moisture	Pesticide/Mycotoxin	Water Activity	Terpene Profile	Residual Solvents	R&D	
Additional Instructions:									NOTES:											<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Terms	