

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)		
*Moisture/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)		
*Heavy Metals/Microbiological: OAR 333-007-0420 & 0390	<input type="checkbox"/> - Composite/Batch Testing <input type="checkbox"/> - Package <input type="checkbox"/> - Other (Select groups in Harvest Lot Table)		
Terpenes by GC-FID	<input type="checkbox"/> - Single strain <input type="checkbox"/> - Other (Select groups in Harvest Lot Table)		
* Indicate selection for minimum compliance testing for useable marijuana intended for retail sale to recreational consumers.			
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						
									MATRIX					ANALYSIS						
<i>For Client Usage</i>					<i>Optional Rush Service</i>				Flower/Trim	Industrial Hemp	Solvent-less Extract	Concentrate	Edible/Topical (Potency)	Cannabinoids	Moisture/Aw	Pesticide/Mycotoxin	Micro/Heavy Metal	Terpene Profile	Residual Solvents	R&D
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												
Additional Instructions:										NOTES:										
										<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Terms										