

IMPORTANT: YOU **MUST** OPEN THIS DOCUMENT IN **ADOBE ACROBAT** FOR THE SUBMIT BUTTON AND TEXT FIELDS TO FUNCTION PROPERLY.

333-007-0315 requires the client to provide a cannabis analysis request to the laboratory prior to the sampling event. Please fill out form in entirety and attach all state required documentation to avoid delay in the testing process.

IF YOU EXPERIENCE DIFFICULTY, PRINT AND FILL-OUT BY HAND.

CLIENT INFORMATION:

Business Name:		Contact name:	
Client License/ Registration #:		Authorization: <input type="checkbox"/> OLCC <input type="checkbox"/> OHA	
Indicate Preference for Sampling Appointment:	<input type="checkbox"/> On-Location <input type="checkbox"/> In-Laboratory	Facility Address for On-Location Sampling:	
Email:		Phone:	

INSTRUCTIONS FOR FILLING OUT FORM:

- USE ONE FORM PER HARVEST OR PROCESS LOT.
- PLEASE INDICATE ALL REQUESTED ANALYSES.
- IN THE CASE OF USABLE MARIJUANA, WHERE POTENCY CAN BE COMBINED ACROSS A HARVEST LOT, AND PESTICIDES COMBINED WITHIN 15LB MULTI-STRAIN BATCHES, THERE ARE MANY POSSIBLE PERMUTATIONS OF ANALYSES----LAB PERSONNEL WILL APPLY THE MOST COST EFFECTIVE COMPLIMENT OF PACKAGE PRICING TO YOUR ORDER AFTER IT IS RECEIVED----

HARVEST/PROCESS LOT INFORMATION:

Harvest/Process Lot Name and Date (e.g. Blue Magoo 9/26/17):	Total Mass of Harvest/Process Lot (if applicable):	Unit of Measurement: <input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units	Total # of Batches in Harvest Lot (A harvest lot is divided into batches up to 15lbs):	<input type="checkbox"/> N/A
Do you have certification for a successful Control Study?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
If you answered YES please fill out the certificate information below:				
Type of Control Study Certificate:	Certificate #:	Issue Date:	Expiration Date:	
Is any batch in this harvest/ process lot being resampled because of a failed test?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered YES please fill out the following failed test information:				
Date Failed Test Results Received:	Name or ID of Lab that Failed Sample:			

BATCH INFORMATION:

BATCH 1:	Name of Product/ Strain:		Product Type/ Matrix:		
	Recreational - Batch/Process Lot Source Package RFID (scan or write last 4):		Total Mass or # of Units in Batch/Process Lot:		
	Medical - Producer Assigned Unique ID:		<input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units		
	Expected THC Range:	or <input type="checkbox"/> N/A	Expected CBD Range:	or <input type="checkbox"/> N/A	Purpose of Testing: <input type="checkbox"/> Compliance <input type="checkbox"/> Research and Development
BATCH CONTAINER INFORMATION:	<input type="checkbox"/> Bulk <input type="checkbox"/> Retail Packages	Indicate # of Each Type:	Indicate Container Type:		
			<input type="checkbox"/> Flat Container (W x H) e.g. sheet pan		
			<input type="checkbox"/> Deep Container (W x H x L) e.g. bucket or jar		
			<input type="checkbox"/> Other-Describe Container e.g. ziploc bag: _____		
CANNABIS TESTING REQUESTED:					
PRODUCT TYPE		If Intended For Consumer/ Patient:	If Intended For Further Processing:	If Intended for Quality Assurance or Research and Development:	
Usable Marijuana		<input type="checkbox"/> Flower Compliance Package: <input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide	Headed to concentrate/extract processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (not required by OAR but processor may desire) Headed to product processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (required)	<input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency **Pesticide R&D testing is not permitted on usable marijuana	
Extract/ Concentrate: Please indicate if your concentrate is solvent exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package	<input type="checkbox"/> Solvents <input type="checkbox"/> Pesticides	<input type="checkbox"/> Solvents <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide	
Edible, Tincture, Capsule, Suppository, Anything Intended For Human Consumption		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package		<input type="checkbox"/> Potency	

BATCH 2:	Name of Product/ Strain:		Product Type/ Matrix:				
	Recreational - Batch/Process Lot Source Package RFID (scan or write last 4):		Total Mass or # of Units in Batch/Process Lot:		<input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units		
	Medical - Producer Assigned Unique ID:						
	Expected THC Range:	or <input type="checkbox"/> N/A	Expected CBD Range:	or <input type="checkbox"/> N/A	Purpose of Testing:	<input type="checkbox"/> Compliance <input type="checkbox"/> Research and Development	
	BATCH CONTAINER INFORMATION:	<input type="checkbox"/> Bulk <input type="checkbox"/> Retail Packages	Indicate # of Each Type:	Indicate Container Type:			
			<input type="checkbox"/> Flat Container (W x H) e.g. sheet pan				
			<input type="checkbox"/> Deep Container (W x H x L) e.g. bucket or jar				
			<input type="checkbox"/> Other-Describe Container e.g. ziploc bag: _____				
CANNABIS TESTING REQUESTED:							
PRODUCT TYPE		If Intended For Consumer/ Patient:		If Intended For Further Processing:		If Intended for Quality Assurance or Research and Development:	
Usable Marijuana		<input type="checkbox"/> Flower Compliance Package: <input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide		Headed to concentrate/extract processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (not required by OAR but processor may desire) Headed to product processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (required)		<input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency **Pesticide R&D testing is not permitted on usable marijuana	
Extract/ Concentrate: Please indicate if your concentrate is solvent exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package		<input type="checkbox"/> Solvents <input type="checkbox"/> Pesticides		<input type="checkbox"/> Solvents <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide	
Edible, Tincture, Capsule, Suppository, Anything Intended For Human Consumption		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package				<input type="checkbox"/> Potency	

BATCH 3:	Name of Product/ Strain:		Product Type/ Matrix:				
	Recreational - Batch/Process Lot Source Package RFID (scan or write last 4):		Total Mass or # of Units in Batch/Process Lot:		<input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units		
	Medical - Producer Assigned Unique ID:						
	Expected THC Range:	or <input type="checkbox"/> N/A	Expected CBD Range:	or <input type="checkbox"/> N/A	Purpose of Testing:	<input type="checkbox"/> Compliance <input type="checkbox"/> Research and Development	
	BATCH CONTAINER INFORMATION:	<input type="checkbox"/> Bulk <input type="checkbox"/> Retail Packages	Indicate # of Each Type:	Indicate Container Type:			
			<input type="checkbox"/> Flat Container (W x H) e.g. sheet pan				
			<input type="checkbox"/> Deep Container (W x H x L) e.g. bucket or jar				
			<input type="checkbox"/> Other-Describe Container e.g. ziploc bag: _____				
CANNABIS TESTING REQUESTED:							
PRODUCT TYPE		If Intended For Consumer/ Patient:		If Intended For Further Processing:		If Intended for Quality Assurance or Research and Development:	
Usable Marijuana		<input type="checkbox"/> Flower Compliance Package: <input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide		Headed to concentrate/extract processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (not required by OAR but processor may desire) Headed to product processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (required)		<input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency **Pesticide R&D testing is not permitted on usable marijuana	
Extract/ Concentrate: Please indicate if your concentrate is solvent exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package		<input type="checkbox"/> Solvents <input type="checkbox"/> Pesticides		<input type="checkbox"/> Solvents <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide	
Edible, Tincture, Capsule, Suppository, Anything Intended For Human Consumption		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package				<input type="checkbox"/> Potency	

BATCH 4:	Name of Product/ Strain:		Product Type/ Matrix:				
	Recreational - Batch/Process Lot Source Package RFID (scan or write last 4):		Total Mass or # of Units in Batch/Process Lot:		<input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units		
	Medical - Producer Assigned Unique ID:						
	Expected THC Range:	or <input type="checkbox"/> N/A	Expected CBD Range:	or <input type="checkbox"/> N/A	Purpose of Testing:	<input type="checkbox"/> Compliance <input type="checkbox"/> Research and Development	
	BATCH CONTAINER INFORMATION:	<input type="checkbox"/> Bulk <input type="checkbox"/> Retail Packages	Indicate # of Each Type:	Indicate Container Type:			
<input type="checkbox"/> Flat Container (W x H) e.g. sheet pan							
<input type="checkbox"/> Deep Container (W x H x L) e.g. bucket or jar							
<input type="checkbox"/> Other-Describe Container e.g. ziploc bag: _____							
CANNABIS TESTING REQUESTED:							
PRODUCT TYPE		If Intended For Consumer/ Patient:		If Intended For Further Processing:		If Intended for Quality Assurance or Research and Development:	
Usable Marijuana		<input type="checkbox"/> Flower Compliance Package: <input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide		Headed to concentrate/extract processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (not required by OAR but processor may desire) Headed to product processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (required)		<input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency **Pesticide R&D testing is not permitted on usable marijuana	
Extract/ Concentrate: Please indicate if your concentrate is solvent exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package		<input type="checkbox"/> Solvents <input type="checkbox"/> Pesticides		<input type="checkbox"/> Solvents <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide	
Edible, Tincture, Capsule, Suppository, Anything Intended For Human Consumption		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package				<input type="checkbox"/> Potency	

BATCH 5:	Name of Product/ Strain:		Product Type/ Matrix:				
	Recreational - Batch/Process Lot Source Package RFID (scan or write last 4):		Total Mass or # of Units in Batch/Process Lot:		<input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units		
	Medical - Producer Assigned Unique ID:						
	Expected THC Range:	or <input type="checkbox"/> N/A	Expected CBD Range:	or <input type="checkbox"/> N/A	Purpose of Testing:	<input type="checkbox"/> Compliance <input type="checkbox"/> Research and Development	
	BATCH CONTAINER INFORMATION:	<input type="checkbox"/> Bulk <input type="checkbox"/> Retail Packages	Indicate # of Each Type:	Indicate Container Type:			
<input type="checkbox"/> Flat Container (W x H) e.g. sheet pan							
<input type="checkbox"/> Deep Container (W x H x L) e.g. bucket or jar							
<input type="checkbox"/> Other-Describe Container e.g. ziploc bag: _____							
CANNABIS TESTING REQUESTED:							
PRODUCT TYPE		If Intended For Consumer/ Patient:		If Intended For Further Processing:		If Intended for Quality Assurance or Research and Development:	
Usable Marijuana		<input type="checkbox"/> Flower Compliance Package: <input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide		Headed to concentrate/extract processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (not required by OAR but processor may desire) Headed to product processor: <input type="checkbox"/> Moisture Content and Water Activity (not required if processing method sterilizes) <input type="checkbox"/> Pesticide (required)		<input type="checkbox"/> Moisture Content <input type="checkbox"/> Water Activity <input type="checkbox"/> Potency **Pesticide R&D testing is not permitted on usable marijuana	
Extract/ Concentrate: Please indicate if your concentrate is solvent exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package		<input type="checkbox"/> Solvents <input type="checkbox"/> Pesticides		<input type="checkbox"/> Solvents <input type="checkbox"/> Potency <input type="checkbox"/> Pesticide	
Edible, Tincture, Capsule, Suppository, Anything Intended For Human Consumption		<input type="checkbox"/> Control Study <input type="checkbox"/> Post Control Study Compliance Package				<input type="checkbox"/> Potency	