

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.

**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<br><input type="checkbox"/> In-Laboratory | Facility Address for On-Location Sampling: |  |
| Email:  |  | Phone:                                     |  |

**INSTRUCTIONS FOR FILLING OUT FORM:**

- USE ONE FORM PER STRAIN IN A HARVEST LOT OR PER PROCESS LOT. USE SEPARATE FORM FOR ADDITIONAL STRAINS WITHIN THE SAME HARVEST LOT.
- PLEASE INDICATE ALL REQUESTED ANALYSES.
- IN THE CASE OF FLOWER, 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:**

|  |  |   |   |
|--|--|---|---|
| Name of Product/ Strain (As you would like it to appear on Certificate of Analysis): |  | Product Type/ Matrix:   |   |
| Harvest/Process Lot Name and Date (e.g. Blue Magoo 9/26/17):                         |  | Total # of Batches in Harvest Lot (A harvest lot is divided into batches up to 15lbs) : | <input type="checkbox"/> N/A                |
| Total Mass of Harvest/ Process Lot:  | Unit of Measurement:<br><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       |
| Do you have certification for a successful Control Study?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA<br>If you answered YES please attach copy of certification or have copy for sampler to take at sampling event and fill out the certificate information below: |   |   |
| Type of Control Study Certificate:   | <input type="checkbox"/> potency, solvent & pesticide<br><input type="checkbox"/> potency & pesticide<br><input type="checkbox"/> product potency  | Certificate #:  | Issue Date: _____<br>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<br>If you answered YES please attach a copy of failed test or have copy for sampler to take at sampling event and fill out the following failed test information:                         |   |   |
| Date Failed Test Results Received:   |  | Name or ID of Lab that Failed Sample:   |   |
| Purpose of Testing:  | <input type="checkbox"/> Compliance <input type="checkbox"/> Quality Assurance or Research and Development   |   |   |

**BATCH INFORMATION:**

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>BATCH 1:</b>   | Batch/Process Lot Source Package RFID (recreational) or Unique ID (medical):                              |   | 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 |
|   | BATCH CONTAINER INFORMATION:<br><input type="checkbox"/> Bulk<br><input type="checkbox"/> Retail Packages | Indicate # of Each Container 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: _____  |  |  |  |
| <b>CANNABIS TESTING REQUESTED:</b>  |   |   |  |  |  |
| PRODUCT TYPE:   |   | <b>If Intended For Consumer/ Patient:</b>   | <b>If Intended For Further Processing:</b>   | <b>If Intended for Quality Assurance or Research and Development:</b>  |  |
| Usable Marijuana  |   | <input type="checkbox"/> Flower Compliance Package:<br><input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Potency<br><input type="checkbox"/> Pesticide | <input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Pesticide (ONLY if intended for products) | <input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Potency |  |
| Extract/ Concentrate: Please indicate if your concentrate is solvent exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No |   | <input type="checkbox"/> Control Study<br><input type="checkbox"/> Post Control Study<br><input type="checkbox"/> Compliance Package  | <input type="checkbox"/> Solvents<br><input type="checkbox"/> Pesticides   | <input type="checkbox"/> Solvents<br><input type="checkbox"/> Potency  |  |
| Edible, Tincture, Capsule, Suppository, Anything Intended For Human Consumption   |   | <input type="checkbox"/> Control Study<br><input type="checkbox"/> Post Control Study<br><input type="checkbox"/> Compliance Package  |  | <input type="checkbox"/> Potency   |  |

|   |  |   |   |  |  |  |
|---|--|---|---|--|--|--|
| BATCH 2:  | Batch/Process Lot Source<br>Package RFID (recreational)<br>or Unique ID (medical): |   | Total Mass or # of<br>Units in Batch/Process<br>Lot:  |  | <input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units |  |
|   | BATCH<br>CONTAINER<br>INFORMATION:   | <input type="checkbox"/> Bulk<br><input type="checkbox"/> Retail Packages   | Indicate #<br>of Each<br>Container<br>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: _____   |  |  |
| PRODUCT TYPE:   |  | CANNABIS TESTING REQUESTED:   |   |  |  |  |
|   |  | If Intended For Consumer/<br>Patient:   | If Intended For Further<br>Processing:  | If Intended for Quality<br>Assurance or Research and<br>Development:   |  |  |
| Usable Marijuana  |  | <input type="checkbox"/> Flower Compliance Package:<br><input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Potency<br><input type="checkbox"/> Pesticide | <input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Pesticide (ONLY if intended<br>for products) | <input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Potency |  |  |
| Extract/ Concentrate:<br>Please indicate if your concentrate is solvent<br>exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Control Study<br><input type="checkbox"/> Post Control Study<br>Compliance Package   | <input type="checkbox"/> Solvents<br><input type="checkbox"/> Pesticides  | <input type="checkbox"/> Solvents<br><input type="checkbox"/> Potency  |  |  |
| Edible, Tincture, Capsule, Suppository,<br>Anything Intended For Human<br>Consumption   |  | <input type="checkbox"/> Control Study<br><input type="checkbox"/> Post Control Study<br>Compliance Package   |   | <input type="checkbox"/> Potency   |  |  |
| BATCH 3:  | Batch/Process Lot Source<br>Package RFID (recreational)<br>or Unique ID (medical): |   | Total Mass or # of<br>Units in Batch/Process<br>Lot:  |  | <input type="checkbox"/> grams <input type="checkbox"/> lbs <input type="checkbox"/> mL <input type="checkbox"/> units |  |
|   | BATCH<br>CONTAINER<br>INFORMATION:   | <input type="checkbox"/> Bulk<br><input type="checkbox"/> Retail Packages   | Indicate #<br>of Each<br>Container<br>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: _____   |  |  |
| PRODUCT TYPE:   |  | CANNABIS TESTING REQUESTED:   |   |  |  |  |
|   |  | If Intended For Consumer/<br>Patient:   | If Intended For Further<br>Processing:  | If Intended for Quality<br>Assurance or Research and<br>Development:   |  |  |
| Usable Marijuana  |  | <input type="checkbox"/> Flower Compliance Package:<br><input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Potency<br><input type="checkbox"/> Pesticide | <input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Pesticide (ONLY if intended<br>for products) | <input type="checkbox"/> Moisture Content<br><input type="checkbox"/> Water Activity<br><input type="checkbox"/> Potency |  |  |
| Extract/ Concentrate:<br>Please indicate if your concentrate is solvent<br>exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Control Study<br><input type="checkbox"/> Post Control Study<br>Compliance Package   | <input type="checkbox"/> Solvents<br><input type="checkbox"/> Pesticides  | <input type="checkbox"/> Solvents<br><input type="checkbox"/> Potency  |  |  |
| Edible, Tincture, Capsule, Suppository,<br>Anything Intended For Human<br>Consumption   |  | <input type="checkbox"/> Control Study<br><input type="checkbox"/> Post Control Study<br>Compliance Package   |   | <input type="checkbox"/> Potency   |  |  |

X

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_