

## OREGON COMPLIANCE ANALYSIS REQUEST

Please complete one form per batch to be sampled and tested. This is a legal contractual agreement.  
 Carefully review applicable sampling and testing rules prior to completing and signing.

**Client/Organization Name:**

<b>Product/Strain Name:</b> <i>required</i>		<b>Unique Batch ID:</b> <i>required</i>	
<b>Harvest/Process Lot ID:</b> <i>required</i>		<b>Harvest/Production Date:</b> <i>required</i>	
<b>Unit of Sale:</b> <i>required for cannabinoid products</i>			
<b>Product Type:</b> <i>required</i>	<input type="checkbox"/> Usable Marijuana (Flower) <input type="checkbox"/> Usable Marijuana (Leaf/Trim) <input type="checkbox"/> Concentrate/Extract (liquid) <input type="checkbox"/> Concentrate/Extract (solid) <input type="checkbox"/> Ingestible <input type="checkbox"/> Topical <input type="checkbox"/> Other: _____		
<b>Cultivation Method:</b> <i>required if applicable</i>	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Greenhouse <input type="checkbox"/> Light Deprivation	<b>Production Method</b> <small>(CO<sub>2</sub>, butane, glycerin, etc) <i>required if applicable</i></small>	<i>Leave blank if not applicable</i>
<b>Requested Services:</b> <i>required</i>	<input type="checkbox"/> Water Activity <input type="checkbox"/> Moisture Content <input type="checkbox"/> Potency <input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Yeast/Mold <input type="checkbox"/> Terpenes <input type="checkbox"/> Batch Sealing                   If batch sealing, how many bags? _____		
<b>Total # of Containers:</b> <i>required</i>		<b>Total Batch Weight:</b> <i>required</i>	lb                      g
<b>Control Study Waiver Available?</b> <small>If yes, please attach a copy of the approved control study waiver</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Is this batch being retested?</b> <small>If yes, please attach previous failed test results as required by OAR 333-007</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Originating METRC Package Tag ID:</b>  <i>Affix primary sampling package tag to sample container.</i>  <i>Affix secondary sampling package tag to bottom or back of this form.</i>			

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By completing, signing, and submitting this form, Client attests to the accuracy of the information provided and authorizes the laboratory to complete the requested services. Client recognizes that the Laboratory offers no guarantee on turnaround time, explicit or implied. The Laboratory shall be released from any liability associated with commercial or legal consequences associated with sampling or analysis request information submitted and signed off by Client.

LABORATORY USE					
<b>SAMPLING</b>	<b>Lab Sample ID:</b>		<b>Total Sample Mass:</b>	g	<b># Sample Containers:</b>
	<b>Total Containers Sampled:</b>		<b>Total # of Increments Sampled:</b>		<b>Increments combined?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Field Duplicate ID:</b>		<b>Field Duplicate Mass:</b>		<b># Sample Containers:</b>
	<b>Sampling Conditions (°C):</b>		<b>Preservation Requirements:</b>	≤ 6°C	<b>Tamper Seal:</b> <input type="checkbox"/> Yes
<b>RECEIVING</b>	<b>Batch Receipt Conditions:</b>	Temp: _____ °C	Arrived on ice? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Tamper Seal(s) intact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Received By:</b>		<b>Date:</b>	<b>Time:</b>	