Compliance Sample Analysis Request

Licensee Name:			Product Type:	◯ Flower / Bud ◯ Shake / Trim ◯ *Topical ◯ *Edible *unit weight - _____ grams *serving size - _____ ◯ Concentrate: type - _____ ◯ Extract: type - _____ ◯ Other: _____		
Licensee Address:						
Licensee City:		Zip Code:				
Phone Number:						
Email Address:						
Licensee Type:	◯ OLCC ◯ OMMP ◯ ODA		Product Re-Test?	◯ Yes ◯ No	Remediated Product?	◯ Yes ◯ No
License Number:			Control Study Waiver Available?	◯ Yes ◯ No	Date / Time Preference?	
Harvest / Process Lot ID:			Sampling Location:	◯ Licensee Address ◯ Lab		
For Control Study Requests:	SOP/Reference: _____ Version: _____ Date Created/Modified: _____ Target THC: _____					

Sample Name **or** Strain Name	Number of Containers	Batch ID	Harvest Date **or** Production Date	METRC Tag *(last 4 digits)*	Weight *(grams)* **or** Number of Units *(edibles & topicals)*	**Combined Cannabinoid Profile	Cannabinoid Profile	% Moisture	Pesticide Screening	Water Activity	Residual Solvents	Terpene Profile	Microbial Analysis	***Check for Composite Testing		
														Moisture	Water Activity	Pesticides
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																

*Multiple batches of the same strain of usable marijuana within a single harvest lot may be combined to a combined single potency/cannabinoid test.
**Multiple strains of useable marijuana may be combined into one batch for testing moisture, water activity and pesticides when the strains are part of the same harvest lot. The aggregate weight of all strains must not exceed 15lbs. If one batch-level test fails, all strains combined in that batch will be recorded as a fail.

I certify that I am authorized to request testing for the above listed samples and the information provided is accurate. All sample will be tested according to the information provided on this document. Laboratory offers no guarantee of turnaround time. I understand the risks associated with this request.

Client Name _____ Client Signature _____ Date _____