

**EVIO LABS – Medford**  
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**EVIO LABS – Portland**  
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## COMPLIANCE ANALYSIS REQUEST

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

| Sample Name<br>or<br>Strain Name | Number of Containers | Batch ID Batch | Harvest Date<br>or<br>Production Date | METRC Tag<br>(last 4 digits) | Weight (grams)<br>or<br>Number of Units<br>(edibles & topicals) | **Combined Cannabinoid Profile | Cannabinoid Profile | % Moisture | Pesticide Screening | Water Activity | Residual Solvents | Terpene Profile | Microbial Analysis | ***Check for Batch-Level Composite Testing Only |                |            |
|----------------------------------|----------------------|----------------|---------------------------------------|------------------------------|---|--------------------------------|---------------------|------------|---------------------|----------------|-------------------|-----------------|--------------------|---|----------------|------------|
|                                  |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    | Moisture  | Water Activity | Pesticides |
| 1.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 2.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 3.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 4.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 5.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 6.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 7.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 8.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 9.                               |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 10.                              |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 11.                              |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |
| 12.                              |                      |                |                                       |                              |   |                                |                     |            |                     |                |                   |                 |                    |   |                |            |

\*\*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 maybe combined into one batch for testing moisture, water activity and pesticides when: (1) the multi-strain batch has one unique batch ID, (2) the aggregate weight of all strains doesn't exceed 15lbs, (3) the strains are part of the same harvest lot. If a batch-level test fails, all strains combined in that batch will be recorded as a fail as well.

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, Printed

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date