

Document Number: FORM6001.1	Revision: 1
Document Title: Sampling Request - Cannabis Plant Material	Page 11 of 13

Sampling Request Form	
Client Name	
Address of Client <small>Business Address</small>	
Address of Sampling Location <small>Location of Batch to be Sampled, Including Building and/or Room Number if Applicable</small>	
Authorization	<input type="checkbox"/> Client is an OLCC Licensee <input type="checkbox"/> Client is an OHA Registrant
OLCC License Number <i>or</i> OHA Registrant Number	
Name of Batch 'Strain'	
Unique Harvest Lot Identifier <small>Must match Harvest Lot Identifier in METRC for OLCC Licensee</small>	
Unique Batch Identifier <small>Must be 25-digit Package Tag from METRC for OLCC Licensee</small>	
Total Mass of Batch <small>must be equal to or less than 10lbs, (4535.9g)</small>	
Total Number of Container(s) <small>If more than one container, provide unique identifier for each container</small>	
Type of Container(s) <small>"Flat" or "Deep" as described in ORELAP-SOP-001 Rev.2</small>	
Mass of Material per Container <small>If not evenly divided provide individual masses per container</small>	
Tests Requested <small>SOPs indicated are Cascadia Labs internal procedures. Tests may be subcontracted to an ORELAP accredited laboratory approved as per Cascadia Labs quality manual and SOP1018.</small>	OAR 333-007-0330 Compliance <input type="checkbox"/> PESTICIDES: SOP3011, SOP3012, SOP3024 <input type="checkbox"/> WATER ACTIVITY: SOP3003 <input type="checkbox"/> THC & CBD (dry basis): SOP3005 and SOP3022 <input type="checkbox"/> OTHER: please provide completed FORM1008.2
Client Signature/Date	
For Cascadia Labs Use Only	
Client Number	
Report Number	
Sampling Plan ID #	
LIMS Entry By (Initials/Date)	

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