



CONTROLLED DOCUMENT

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Document Title: Concentrate/Extract or Product Sampling and Analysis Request Form	Page 1 of 1	Effective Date: 08/03/17

Concentrate/Extract or Product Sampling Request Form

Requests for sampling and testing are processed once Cascadia Labs has received a completed and signed "Sampling Request Form". All fields in this form are required to be completed. Some fields may not be applicable for a given marijuana item, and an "NA" checkbox is provided for those fields.

Client (Business) Name		
Contact Name		
Address of Client <small>Business Address</small>		
Address of Sampling Location <small>Location of Batch to be Sampled</small>		
Submit Results to Authority , Check One	<input type="checkbox"/> -OLCC Licensee	<input type="checkbox"/> -OHA Registrant
OLCC License Number or OHA Registrant Number		
Control Study Approval Number *		<input type="checkbox"/> -NA
Marijuana Item Type		<input type="checkbox"/> -Concentrate/Extract <input type="checkbox"/> -Product
Description of Marijuana Item <small>e.g. Beverage, Candy, Shake, Shatter, BHO, Coconut Oil, etc.</small>		
Name of Marijuana Item <small>Batch 'Strain', Extract 'Strain', Product Name, etc.</small>		
Process Lot Identifier		
Batch Identifier		<input type="checkbox"/> -NA
Metrc Tag associated with Batch or Process Lot		<input type="checkbox"/> -NA
Total Number of For Sale Units (products only)		<input type="checkbox"/> -NA
Weight of For Sale Unit (products only)		<input type="checkbox"/> -NA
Expected Potency of For Sale Unit (products only)		<input type="checkbox"/> -NA
Total Mass of Batch or Process Lot		
Total Number of Container(s)		
Type and Description of Container(s)		
Units or Mass per Container		<input type="checkbox"/> -NA
Intention of Sampling and Analysis		<input type="checkbox"/> -Compliance <input type="checkbox"/> -R&D <input type="checkbox"/> -Retest <input type="checkbox"/> -Control Study
Tests Requested Tests may be subcontracted to an ORELAP accredited laboratory when needed. Yes: <input type="checkbox"/> No: <input type="checkbox"/>		<input type="checkbox"/> -Pesticides: 333-007-0400 <input type="checkbox"/> -THC & CBD: 333-007-0430 <input type="checkbox"/> -Residual Solvents: 333-007-0410 <input type="checkbox"/> -Terpene Analysis: SOP3009
Please provide a copy of Recent Control Study	When a valid control study is in place, a field primary and a field duplicate sample will be tested in compliance with OAR 333-007-0360.	
Client Print Name		
Client Signature/Date		
For Cascadia Labs Use Only		
Client Number		Sampling Plan ID #
Report Number		LIMS Entry By (Initials/Date)