



CONTROLLED DOCUMENT

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Document Title: Concentrate/Extract Sampling and Analysis Request	Page: 1 of 2	Effective Date: 2/26/18

Concentrate/Extract Sampling and Analysis Request Form

Requests for sampling and testing are processed once Cascadia Labs has received a completed "Sampling and Analysis Request Form". All fields in this form are required to be completed.

Client (Business) Name	
Contact Name	
Address of Sampling Location	
OLCC or OHA Authorization Number	
OLCC Licensee Approved for Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submit Results to Authority	<input type="checkbox"/> OLCC Licensee <input type="checkbox"/> OHA Registrant
Turn Around Time	<input type="checkbox"/> 3 Day Rush <input type="checkbox"/> 5- 10 Day Standard
Intention of Sampling and Analysis <small>If retesting due to failed test, include copy of original results.</small>	<input type="checkbox"/> Compliance <input type="checkbox"/> R&D <input type="checkbox"/> Retest <input type="checkbox"/> Control Study
Marijuana Item Type	<input type="checkbox"/> Concentrate <input type="checkbox"/> Extract <input type="checkbox"/> Retail Adult <input type="checkbox"/> Medical
Marijuana Item Description <small>e.g. Shatter, distillate, etc.</small>	
Target THC Concentration	
Process Lot ID(s)	
Total Mass of Batch or Process Lot	
Container Description(s): <small>Jars, totes, bags</small>	
Control Study Approval Number *	
<p>*Please provide a copy of 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.</p>	
<p>Tests Requested may be subcontracted to an ORELAP accredited Laboratory where needed: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
Comments and Notes	

