



CONTROLLED DOCUMENT

Document Number: FORM1022.1	Revision: 4	Revision Date: 12/12/17
Document Title: Concentrate/Extract Sampling and Analysis Request	Page: 1 of 2	Effective Date: 12/13/17

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	
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
Marijuana Item Type	<input type="checkbox"/> Concentrate <input type="checkbox"/> Extract
Marijuana Item Description <small>e.g. Beverage, Candy, Shake, Shatter, BHO, Coconut Oil, etc.</small>	
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	



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Client Batch ID	Package ID (Entire 24 digit Metric Tag ID for OLCC)	Product/Item Name	Number of Containers per package	Package Weight (g)	Select Tests Requested:					Cascadia Labs Use	
					333-007-0400 Pesticide	333-007-0430 THC & CBD	333-007-0xxx Solvents	SOP3009 Terpenes	Extended Cannabinoids	Report Number	Lab Sample Number
					Total Analysis (Cascadia Labs Use):						XXXXXXXX
Client Print Name and Date:											
For Cascadia Labs Use Only	LIMS Entry By/Date:				Client Number:						