



**CONTROLLED DOCUMENT**

Document Number: FORM1022.3	Revision: 1	Revision Date: 12/12/17
Document Title: Product Sampling and Analysis Request	Page: 1 of 2	Effective Date: 12/13/17

**Product 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.*

<b>Client (Business) Name</b>	
<b>Contact Name:</b>	
<b>Address of Sampling Location</b>	
<b>OLCC or OHA Authorization Number</b>	
<b>Submit Results to Authority</b>	<input type="checkbox"/> OLCC Licensee <input type="checkbox"/> OHA Registrant
<b>Turn Around Time</b>	<input type="checkbox"/> 3 Day Rush <input type="checkbox"/> 5- 10 Day Standard
<b>Intention of Sampling and Analysis</b> <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
<b>Marijuana Item Type</b>	<input type="checkbox"/> Product
<b>Marijuana Item Description</b> <small>e.g. Beverage, Candy, Shake, Coconut Oil, etc.</small>	
<b>Process Lot ID(s)</b>	
<b>Total Mass of Batch or Process Lot</b>	
<b>Container Description(s):</b> <small>Deep, canister, etc..</small>	
<b>Control Study Approval Number *</b>	
<p><b>*Please provide a copy of Control Study</b>  <small>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.</small></p>	
<p>Tests Requested may be <b>subcontracted</b> to an ORELAP accredited Laboratory where needed: <b>Yes:</b> <input type="checkbox"/>      <b>No:</b> <input type="checkbox"/></p>	
<b>Comments and Notes</b>	



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Client Batch ID Or Process Lot Number	Package ID (Entire 24 digit Metrc Tag ID for OLCC)	Product/Item Name	Number of Containers	Number of sales units	Weight (g) for sale unit	Expected CBD (mg/g)	Expected THC (mg/g)	Select Tests Requested:		Cascadia Labs Use	
								THC & CBD 333-007-0430	Extended Cannabinoids	Report Number	Lab Sample Number
		<b>Total Analysis</b> (Cascadia Labs Use):								XXXXXXXX	
<b>Client Print Name and Date:</b>											
<b>For Cascadia Labs Use Only</b>		<b>LIMS Entry By/Date:</b>								<b>Client Number:</b>	