

INDUSTRIAL HEMP SAMPLING AND TESTING REQUEST FORM (Rev 8-21-17)

INSTRUCTIONS FOR COMPLETING THIS FORM:

- All sampling and testing must be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for tetrahydrocannabinol (THC) content (hereinafter, Laboratory) or the Oregon Department of Agriculture (ODA).
- The current list of licensed and accredited laboratories may be found at: <http://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/MEDICALMARIJUANA/PROGRAM/Pages/laboratories.aspx>. A laboratory must appear on **both licensure and accreditation lists** and may only perform sampling and/or testing according to their accreditation. The list may also be found by searching on the OHA website for “accredited cannabis labs”.
- Industrial hemp grown under an ODA registration, including industrial hemp grown for agricultural hemp seed, must be sampled and tested for the purpose of ensuring that the crop contains an average THC concentration not exceeding 0.3 percent on a dry weight basis, as required by ORS 571.300 to 571.315; Oregon Laws 2016, Chapter 71 (2016 Laws) and OAR 603-048.
- Sampling must be in accordance to OAR 603-048-0600, and occur no more than four (4) weeks (28 days) prior to harvest. Laboratories only sample plants with flowers when a purpose of the harvest lot is to produce flower. If no flowering plants are present, Laboratories reschedule the sampling for a later date when flowering plants are present.
- YOU MUST COMPLETE EVERY SECTION OF THIS FORM LEGIBLY. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- Complete one copy of the “Harvest Lot Sampling Request Description” (page 3 of this document) for *each* harvest lot as defined by OAR 603-048-0010 (9). A **Harvest Lot** means:
 - a. Means a quantity of industrial hemp harvested within a distinct timeframe that is:
 - i. Grown in one contiguous field or growing area; or
 - ii. Grown in a portion or portions of one contiguous field or one growing area.
 - b. Does not include a quantity of industrial hemp comprised of industrial hemp grown in noncontiguous fields, noncontiguous growing areas.
- To request sampling and testing, submit a complete copy of this Industrial Hemp Sampling Request Form:
 - To an ORELAP accredited laboratory of your choice according to the laboratory’s procedures for requesting sampling; OR
 - To request ODA sampling and testing, submit the form to HempTestReports@oda.state.or.us.

Registered Grower Name: _____

Registered Grower Business Name: _____
(if applicable)

Registration Number: AG-_____

Grower Phone: _____ **email:** _____

Total Number of Harvest Lots Requested to be Sampled and Tested: _____

GROWER REQUEST FOR SAMPLING AND TESTING

I, _____ request pre-harvest sampling and testing
(print your name)

of _____ harvest lot(s) of industrial hemp as described in the attached Harvest Lot Sampling Request
(number)

Description(s) for THC analysis in accordance with OAR 603-048. Sampling and testing must comply with all requirements of OAR 603-048 including all Exhibits and forms.

Signature _____ Date _____

Fees will apply. Laboratories or the ODA may have backlogs for sampling and testing. It is the Grower's responsibility to ensure timely sampling and testing.

HARVEST LOT SAMPLING REQUEST DESCRIPTION # _____

Harvest Lot Type (check at least one one): **Flower** ____ **Fiber** ____ **Seed** ____ **Other (specify)** _____

Grow Area Type (check one): **Field** ____ **or** **Greenhouse** ____

Total acres or Sq ft. to be sampled: _____ **Declared Harvest Date:** _____

Field ID/Name: _____

IMPORTANT: This Field ID/Name must be the same ID or Name, at the same location, as registered with the ODA.

Harvest Lot Designation (as applicable - see below): _____

NOTE: In addition to "Field Name", a "Harvest Lot" designation shall be used when more than one "Harvest Lot" is located on the same "Field Name" (e.g., "Harvest Lot A"). Additional sample request must be made for each harvest lot.

Harvest Lot Location Address: _____

Harvest Lot Coordinates: Longitude: _____ **Latitude:** _____

(From approx. center the harvest lot or door of greenhouse, and in decimal format, eg: 45.123456 -123.456789)

Written Description: Describe the location of the harvest lot to be sampled such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other harvest lots:

Visual Depiction: Provide a map oriented north, depicting the grow site of the harvest lot showing at least one prominent feature (road, building, etc.). (May be hand-drawn)