



Control Study Certification Form

Form Instructions

What is this form?

The purpose of a control study is to determine if a manufacturer is using standard operating procedures (SOP) that result in a finished cannabinoid concentrate, extract or product that is homogeneous, and for cannabinoid products meets the potency target identified in the SOPs.

This is the form a manufacturer submits to obtain a certified control study. Manufacturers who may use this form include recreational marijuana processors, micro-tier producers with the concentrate processing endorsement, producers making kief, and hemp handler certificate holders requesting testing on products that are tracked in Metrc. Wholesalers may arrange testing on behalf of other licensees, but this form must be completed by the product manufacturer.

INSTRUCTIONS for completing this form:

- The product manufacturer completes and signs pages 1 and 2 and provide them to the laboratory when requesting compliance testing for the batch.
- After performing compliance testing, the primary laboratory completes page 3, then submits the form to OLCC.Labs@oregon.gov. Do not provide a copy of test results or SOP unless requested. Associated test results or other documentation may be requested by the Commission to verify the responses contained in this form.
- Every section of this form must be completed legibly. Incomplete or illegible forms will be returned to the licensee and will not be reviewed by OLCC until deficiencies are corrected.
- No blanks should be left in the form. The manufacturer or laboratory representative completing this form should write "Not Applicable" or "NA" in any section they believe is not applicable to the testing of the particular product. If blank spaces are left in the form, or the Commission determines that a "Not Applicable" or "NA" response is not appropriate for a particular section, the form will be returned to the licensee and will not be reviewed by OLCC until the deficiencies are corrected.
- The control study is invalidated and the product manufacturer must undergo a control study for a product again or must have batches sampled and tested as if the product had not undergone a control study if:
 - There are any changes to the standard operating procedures for that product;
 - There are any changes in the type of ingredient in the product, except for a difference in the strain of usable marijuana, or the purity of an ingredient; or
 - A batch tested under the control study fails a THC or CBD test as described in OAR [333-007-0440](#)(10)(b).
- If a control study is invalidated for any reason listed in [333-007-0440](#)(10) then a manufacturer must notify the OLCC.

This form and OAR [333-007-0440](#) refer to standard operating procedures (SOPs). The certification of a control study is based on the SOP and is invalidated if the manufacturer makes and changes to the SOP other than as allowed under OAR [333-007-0440](#)(11). Note that OLCC rules (OAR [845-025-3230](#)) require processors to maintain written policies and procedures that include:

- Instructions for making each cannabinoid concentrate, extract or product;
- The ingredients and the amount of each ingredient for each process lot;
- The process for making each product;
- The number of servings in a process lot;
- The intended amount of THC per serving and in a unit of sale of the product; and
- The process for making each process lot homogeneous.



OREGON LIQUOR CONTROL COMMISSION

Control Study Certification Form

OAR 333-007-0440

Section 1 – Business Information

Manufacturer Name:			
License or Certificate Number:		Email:	
Name of Manufacturer Representative Who Completed This Form:			

Section 2 – Product Information

Commercial Name of Item:			
Item Category:	<input type="checkbox"/> Concentrate (Skip Section 4)	<input type="checkbox"/> Extract (Skip Section 4)	<input type="checkbox"/> Cannabinoid Product (Skip Section 3)
SOP Name or Reference:			
SOP Version:		SOP Date (Created or Revised):	
Item is Intended to be “Medical Grade” Potency? (OAR 333-007-0220):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does This Item Contain Marijuana? (For hemp-only items, see OAR 845-025-2760):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Item Texture:	<input type="checkbox"/> Solid	<input type="checkbox"/> Liquid	<input type="checkbox"/> Gas <input type="checkbox"/> Other:

Section 3 – Concentrate or Extract Item Information

If the item is a cannabinoid product, skip this section.

Process Lot (Batch) Weight:		Item is Intended for: (Check any that apply)	<input type="checkbox"/> For sale to consumer <input type="checkbox"/> For further processing
Compliance Tests Performed:	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Solvents	<input type="checkbox"/> Potency
<i>If item is not intended for sale to consumers, skip the following line</i>			
Unit of Sale Weight:		Number of Servings per Unit:	

Section 4 – Cannabinoid Product Item Information

If the item is a concentrate or extract, skip this section.

Process Lot (Batch) Size:		Target THC per Unit of Sale:	
	units		mg
Unit of Sale Weight:		Number of Servings per Unit:	
	grams		
Metric Category: (Select one)	<input type="checkbox"/> Edible <input type="checkbox"/> Infused Pre-roll <input type="checkbox"/> Combined Category	<input type="checkbox"/> Tincture <input type="checkbox"/> Topical <input type="checkbox"/> Hemp Cannabinoid Product	<input type="checkbox"/> Capsule <input type="checkbox"/> Suppository



OREGON LIQUOR CONTROL COMMISSION

Control Study Certification Form

OAR 333-007-0440

Section 5 –Variations

Use this section to describe any variation of the item that would be permitted under OAR 333-007-0440(11) that you intend to qualify for reduced sampling and testing once the control study is certified.

Item variations cannot result from changes in the SOP. Making changes to the SOP invalidates the certification of a control study.

Will you make variations that use different flavors or colors that do not have an effect on the potency of the finished cannabinoid product?: [] Yes [] No [] N/A
Will you make item variations that vary in the size of the unit of sale?: [] Yes [] No [] N/A

Table with 5 rows for Variation #1 to #5, columns for Unit of Sale Weight, grams, and Number of Servings per Unit.

Will you make any other kinds of variations allowed under OAR 333-007-0440(11): [] Yes [] No

Large empty rectangular box for describing other variations.

Section 6 – Manufacturer Attestation

I have reviewed all information submitted in Sections 1 through 6 of this form. All information submitted is true and correct to the best of my knowledge. I attest that every variation listed is permitted under OAR 333-007-0440(11) and does not involve a change in the standard operating procedures.

By signing my name below, I affirm that this form has been evaluated by myself or by an employee, agent, or other representative acting on my behalf. I understand that submitting false or misleading information to a laboratory is a violation of administrative rule.

Signature: _____

Date: _____



OREGON LIQUOR CONTROL COMMISSION

Control Study Certification Form

OAR 333-007-0440

Section 7 - Laboratory Information

Laboratory Name:
License Number:
Email:
Name of Laboratory Representative Who Completed This Form:

Section 8 - Potency Results

If the item is a concentrate or extract that did not undergo compliance testing for potency, skip this section.

Table with columns: Detected THC Range, Highest Sample Concentration, Lowest Sample Concentration, RSD. Includes questions about threshold and exceedance for THC potency.

Section 9 - Laboratory Attestations

OLCC will not certify the control study unless all of the following boxes are checked. If any of the following statements are not true, this item has not met all of the conditions for passing a control study.

By checking the boxes below, I certify that:

Checklist of attestation statements regarding sample increments, pesticide testing, solvents, and THC/CBD results.

For official OLCC use only

OLCC's certification of this form is entirely conditioned on the accuracy of the information provided by the manufacturer and the laboratory who completed this form.

Certification #:
Control Study Expires On*:
Processed by:

*Unless invalidated prior to this date