

Client Information		Sample Type Legend	Test Legend	Report Turn Around Time (TAT)
Business Name/License		CP – Cannabis Plant CE – Cannabinoid Extract CC – Cannabinoid Conc. CPR – Cannabinoid Product ICPR – Inhalable Canna. Prod. OCP - Other Canna. Prod. CCat - Combined Category QH - Qualifying Hemp HP - Hemp Plant HC – Hemp Concentrate HPR- Hemp Product	PO – Full Spectrum Potency MA – Moisture <i>(Included with Potency)</i> WA – Water Activity PE – Pesticides TE – Terpenes SO – Residual Solvents	6 Day 5 Day 4 Day 3 Day* 2 Day* 1 Day* *Not available for all testing. Prices vary based on speed of testing. Call 541-257-5002 or your PREE Representative for details.
Client Name				
Address				
City/State/Zip				
Phone / Email				

Sample Name	Sample Type (Matrix)	R&D, Compliance or Control Study	METRC Source ID	METRC Package ID	Harvest Lot/ Batch Number	Sample Collection Date/Time	Sample Weight (g)	PO	MA	WA	PE	TE	SO
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											
		R&D Compliance Control Study											

By signing below, the client acknowledges that a) requests for sample retests in the event of a failure must occur within 7 days of receiving results, b) PREE reserves the right to withhold reports until payment is made in full, c) reports are issued via email at services@preelab.com and compliance sample results are reported to the OLCC/ODA as per regulations, d) this document contains accurate information, e) consent is given for the testing of the submitted samples, f) samples subcontracted to PREE were homogenized prior to subsampling, and g) PREE may subcontract testing services to another ORELAP accredited laboratory. Controlled Form 65, Rev 21.2

Signature	Date	Time	Signature	Date	Time
Client			PREE Representative		
Arrival @ Lab			Sample Accessioning		