

Sampling Request Form

Client Information Please fill out the information below to the best of your abilities. If you have any questions feel free to contact us at 541-257-5002.

Submit your form to Reps@prelab.com

Business Name : _____
 Address : _____
 City, State, Zip : _____
 Contact Name : _____
 Email : _____
 Phone : _____
 Testing Type : Compliance R&D
 License Number : _____
 License Type : OLCC ODA Other : _____

1. Requested Sampling Date: _____ & Time: _____
 2. Where and how are the batches stored?
 Indoor Warehouse Outdoor Field
 Outdoor Barn Outdoor Shipping Container
 Other : _____
 3. Describe the sampling area. (select all that apply)
 Room Temp (70°F - 75°F) Hot Dry Cold
 Damp Other : _____
 4. Is the product homogeneous? Yes No

5. Have any of the samples previously failed testing?
 Yes No
 6. If Yes, list sample names and test dates for each failed sample test result.

Payment : Please ensure payment is ready at the sampling event. Reports are released upon receipt of payment.

Products to be Sampled

| # | Item Name / Strain Name | *Type/Matrix | Harvest Lot/ Batch Number | Production or Harvest Date | Source METRC ID# | Total Weight (specify g or oz) | Container Type | Total Containers | Select Requested Testing | Potency | Water Activity | Pesticide | Mycotoxin | Terpene | Solvent ^o | Heavy Metals ^o | ** Requested Turn Around Time |
|----|-------------------------|--------------|------------------------------|-------------------------------|------------------|-----------------------------------|----------------|---------------------|--------------------------|---------|-------------------|-----------|-----------|---------|----------------------|------------------------------|----------------------------------|
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | |

* **Type/Matrix** : CP - Cannabis Plant | CE - Canna. Extract | CC - Canna. Concentrate | CPR - Canna. Product | FICP - Finished Inhalable Canna. Product | OCP - Other Canna. Product | CCat - Combined Category
 QH - Qualifying Hemp | HP - Hemp Plant | HC - Hemp Concentrate | HE - Hemp Extract | HDVI - Hemp-Derived Vapor Item | HPR - Hemp Product

** **Requested Turn Around Time (TAT)** - 6 Day, 5 Day, 4 Day, 3 Day, 2 Day, 1 Day (3,2,1 Day testing may not be available for all tests)(additional cost for faster TAT)
^o **Subcontracted Tests**

Sampling Request Form

Compositing Details *Two options available, see below for details. If you have any questions feel free to contact us at 541-257-5002.*

Submit your form to Reps@preelab.com

There are two different ways to composite samples in accordance with the OLCC. Usable cannabis may be composited using **Option 1** or **Option 2** under the conditions listed below.

Please Note : If a composited sample fails testing, consequently all associated samples comprising the composited sample will also fail testing.

The options below apply to product harvested after **July 1st 2022**. For the most current OLCC regulations, please see [OAR 333-007-0350](#), [333-007-0360](#) and [OLCC's Sampling Guild](#).

OPTION 1 - Composite for Pesticide, Mycotoxin & Water Activity : (1) Composited samples must have the same Harvest Lot (harvested within 7 days).
(2) Composited samples must have a combined batch size no greater than 50 lbs.

OPTION 2 - Composite for Potency & Terpene : (1) Composited samples must have the same Harvest Lot (harvested within 7 days).
(2) Composited samples must be of the same strain.

| # | Optional Composite Type | | | | | | List The Sample Names or The Last 4 Digits of the METRC ID of The Samples to be Composited |
|----|-------------------------|-----------|----------------|---------|---------|--|--|
| 1 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 2 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 3 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 4 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 5 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 6 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 7 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 8 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 9 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |
| 10 | Pesticide | Mycotoxin | Water Activity | Potency | Terpene | | |

Additional Notes - Please List Any Special Instructions Such at Directions, Gate Codes, etc...