

Sampling Request Form

Licensee Name:		Sample Type:	<input type="checkbox"/>	Flower/Bud	<input type="checkbox"/>	Edible			
Phone Number:			<input type="checkbox"/>	Shake/Trim	<input type="checkbox"/>	Concentrate			
Email Address:			<input type="checkbox"/>	Extract	<input type="checkbox"/>	Other			
Licensee Address:		Cultivation or Production Method:	<input type="checkbox"/>	Indoor	<input type="checkbox"/>	Greenhouse			
			<input type="checkbox"/>	Outdoor	<input type="checkbox"/>	CO2			
			<input type="checkbox"/>	Veg. Oil	<input type="checkbox"/>	Other:			
			<input type="checkbox"/>	Propane					
License Number:		Control Study Certificate:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
				If Yes, ID #:					
				Expiration date:					
Licensee Type:	<input type="checkbox"/>	OLCC	<input type="checkbox"/>	OMMP	Destination?	<input type="checkbox"/>	Consumer	<input type="checkbox"/>	Processor
	<input type="checkbox"/>	Hemp				<input type="checkbox"/>	Other:		

Sample / Strain name	Harvest / Production Date	Source Metric Tag, (Last four digits)	Weight (Specify unit)	# of Containers/Sheets	Sample Combine (Check if applicable)	Test Requested (Check applicable boxes)						
						Compliance Package Test (PE, PO, MC, WA)	THC & CBD Profile	Pesticides Screening	Residual Solvents	% Moisture	Water Activity	Terpene

Client Name, Print:	Client Signature:	Date:
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