

Oregon Hemp Program Post-Harvest Test Results Notification Form

A copy of the test results must be sent along with this notification to hemptestreports@oda.state.or.us
ODA must be notified within 24 hours and at the same time or before reporting results to the medical grower or processor.

Test Laboratory Name:		
Laboratory Contact Name:		Phone Number:
Sample Laboratory Name:		Date Sample Taken:
Registrant's Name:		
Registrant's Number:		Harvest or Process Lot Number:
Test Batch Number:		Date Sample Tested:
Product Type:	Useable Hemp	Edible Concentrate Extract Topical
Product Description/Name:		
Please answer the year	s and no questions.	If your laboratory's reporting software indicates any of the specific items that are ask
to be listed below, su	ch as marking them	n in red, you are not required to list them on this form.
Are there any associated test batch numbers from prior tests performed on the sample?		
Yes No		
If yes, please list:		
Pesticide(s) Results at Detected Level?		
Yes No		
If yes, list pesticide/s found at detected level:		
Test Above Action Limit: Yes No		
Field Duplicate Above Action Limit: Yes No N/A		
Pesticides THC Concentration Solvent Microbiological		
List specific pesticide analyte/s or solvent/s found above the action limit:		

Industrial Hemp Results Notification Form

The Oregon Department of Agriculture must be notified by the laboratory that performed testing, and send a copy of the test results if any of the following are found:

- Any failed test results (except water activity and moisture)
- Any pesticide test with a "detected" level

Applicable Rules

<u>Failed Tests</u> (OAR 603-048-2300 to -2480), (OAR 333-007-0390(3), 333-007-0400(2), 333-007-0410(2), 333-007-0430(2) and (3), 333-064-0110 Reporting Detected Pesticide Levels (OAR 333-064-0110 (5) and (8)) Reporting Tentatively Identified Compounds (OAR 333-064-0100)

If you have questions or concerns you can email industrial-hemp@oda.state.or.us