Oregon Department of Agriculture
HEMP SAMPLING AND TESTING REQUEST FORM

INSTRUCTIONS FOR COMPLETING THIS FORM:

• All sampling and testing must be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for ∆9 tetrahydrocannabinol (THC) content (hereinafter, Laboratory) or the Oregon Department of Agriculture (ODA).

• The current list of licensed and accredited laboratories may be found at: https://oda.direct/hemp. A laboratory must appear on both licensure and accreditation lists and may only perform sampling and/or testing according to their accreditation. The list may also be found by searching on the OHA website for “accredited cannabis labs”.

• Hemp grown under an ODA registration, including industrial hemp grown for agricultural hemp seed, must be sampled and tested for the purpose of ensuring that the crop contains an average THC concentration not exceeding 0.3 percent on a dry weight basis, as required by ORS 571.300 to 571.315; and OAR 603-048.

• Sampling must be in accordance to OAR 603-048-0060, and occur no more than four (4) weeks (28 days) prior to harvest. Laboratories may only sample plants with flowers when the purpose of the harvest lot is to produce flower. If no flowering plants are present, laboratories must reschedule the sampling for a later date when flowering plants are present.

• YOU MUST LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.

• Complete one copy of the “Harvest Lot Sampling Request Description” (page 3 of this document) for each harvest lot as defined by OAR 603-048-0010 (13). A Harvest Lot means:
  a. Means a quantity of industrial hemp harvested within a distinct timeframe that is:
     A. Grown in one contiguous field or growing area; or
     B. Grown in a portion or portions of one contiguous field or one growing area.
  b. Does not include a quantity of industrial hemp comprised of industrial hemp grown in noncontiguous fields, noncontiguous growing areas.

• “Harvest Lot Identifier” means a unique numerical identifier that begins with the name of the grow site, then the year of harvest, and then a unique number to identify the harvest lot. Example. If the grow site name is Field 1 and the grower plans to cultivate two harvest lots in the 2019 calendar year, the following are appropriate harvest lot identifiers: Field 1-2019-001 and Field 1-2019-002

• To request sampling and testing, submit a complete copy of this Hemp Sampling Request Form:
  o To a licensed and accredited laboratory of your choice according to the laboratory’s procedures for requesting sampling; OR
  o To request ODA sampling and testing, submit the form to hempstestreports@oda.state.or.us.
Registered Grower Name: ________________________________

Registered Grower Business Name: ________________________________
(if applicable)

Registration Number: AG-______________________________

Grower Phone: ___________________________ email: ___________________________

Total Number of Harvest Lots Requested to be Sampled and Tested: ________________

GROWER REQUEST FOR SAMPLING AND TESTING

I, ________________________________ (print your name) request pre-harvest sampling and testing

of _____ harvest lot(s) of hemp as described in the attached Harvest Lot Sampling Request

Description(s) for THC analysis in accordance with OAR 603-048. Sampling and testing must comply

with all requirements of OAR 603-048 including all Exhibits and forms.

Signature______________________________ Date________________________

Fees will apply. Laboratories or the ODA may have backlogs for sampling and testing. It is the Grower’s responsibility to ensure
timely sampling and testing.
HARVEST LOT SAMPLING REQUEST DESCRIPTION # __________

Harvest Lot Type (check at least one use): Flower _____ Fiber _____ Seed _____ Other (specify)____________

Grow Area Type (check one): Field_______ or Greenhouse __________

Total acres or Sq ft. to be sampled:_________ Declared Harvest Date: ________________________________

Field ID/Name: ___________________________________________________________

IMPORTANT: This Field ID/Name must be the same ID or Name, at the same location, as registered with the ODA.

Harvest Lot Identifier (as applicable - see below): ____________________________

NOTE: In addition to “Field Name”, a “Harvest Lot Identifier” shall be used when more than one “Harvest Lot” is located on the same “Field Name”. Additional sample request must be made for each harvest lot. See page 1 of this form for “Harvest Lot Identifier” naming instructions.

Harvest Lot Location Address: _____________________________________________

Harvest Lot Coordinates: Latitude: __________________________ Longitude: ___________________________

(From approx. center the harvest lot or door of greenhouse, and in decimal format, eg: 45.123456  -123.456789)

Written Description: Describe the location of the harvest lot to be sampled such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other harvest lots:

________________________________________________________________________

________________________________________________________________________

Visual Depiction: Provide a map oriented north, depicting the grow site of the harvest lot showing at least one prominent feature (road, building, etc.). (May be hand