

# Oregon Department of Agriculture

## HEMP SAMPLING AND TESTING REQUEST FORM

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### 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  $\Delta 9$  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 603-048-0600, 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:
  - To a licensed and accredited laboratory of your choice according to the laboratory’s procedures for requesting sampling; OR
  - To request ODA sampling and testing, submit the form to [hemptestreports@oda.state.or.us](mailto:hemptestreports@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, \_\_\_\_\_ request pre-harvest sampling and testing  
(print your name)

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

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

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