Hemp Pre-Harvest THC Report
Laboratory Use Only

INSTRUCTIONS FOR COMPLETING THIS FORM:

• This form is only to be used for reporting Δ9 Tetrahydrocannabinol (Δ9 THC) in pre-harvest tests of hemp as required by ORS 571.300 to 571.315; and OAR 603-048.

• IT IS NECESSARY TO LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.

• Complete a copy of this report for each harvest lot as defined by OAR 603-048-0010 (13). The form must be submitted to the ODA at hemptestreports@oda.state.or.us and to the grower who submitted the request for testing.

• Completed copies of the Sampling and Testing Request Form and On-Site Sampling Form corresponding to the harvest lot must be submitted to ODA with this report.

Primary Laboratory Testing: _______________________________________________________

Secondary Laboratory Testing: _______________________________________________________
(if applicable)

Indicate if this is: (Check One) First Test_____ Second Test_____ Third Test ______

Registered Grower Name: __________________________________________________________

Registered Grower Business Name: __________________________________________________
(if applicable)

Registration Number: AG-

Grower Phone: ___________________________ email: _________________________________
HARVEST LOT:

Field Name and/or Harvest Lot: ____________________________

NOTE: In addition to “Field Name,” “Harvest Lot” designations will be used when more than one “Harvest Lot” is located on the same “Field Name”.

Harvest Lot Sampling Request Description #_____ and Harvest Lot On-Site Sampling Description #_____ 

NOTE: Note the form number that corresponds to the Harvest Lot test result reported.

Sample Date ____________________________

Sampled by: ________________________________________________

Received By: ________________________________________________ Date: ____________________________

(laboratory personnel) Time: ____________________________

ANALYTICAL REPORT FOR TETRAHYDROCANNABINOL

Method Reference Analytical Results

__________________________ ____________________________

Date and Time Tested: ____________________________

Laboratory Technician Performing Test (Print name): ____________________________

Laboratory Technician Signature: ____________________________ Date Signed: ____________________________

Reviewed by (Print name) ____________________________

Reviewed by (Signature): ____________________________ Date Signed: ____________________________

Understanding these Results:

If the “Analytical Results”:

• **Are less than 0.35 percent Δ9 THC**: The Harvest Lot satisfies required pre-harvest testing.

• **Are equal to or greater than 0.35 percent Δ9 THC**: The Harvest Lot fails testing under these rules. You may request a retest by submitting a written request on a form provided by ODA (available on ODA’s website). Requests for retesting must be made within seven (7) calendar days from the date this report was mailed. If the retest passes testing, a third and final test must be requested to confirm the passing test result. All retesting is at the cost of the grower. For a full explanation of procedures for failed harvest lots, see OAR 603-048-0630. ODA may detain and dispose of the harvest lot corresponding to the sample as described in OAR 603-048-0900. You will receive additional notice from ODA prior to such action.