



## Hemp Sampling Request

To request sampling and testing, submit a complete copy of this form for each harvest lot or production area.

Submit it to an OLCC-licensed and ORELAP -accredited laboratory of your choice according to the laboratory's procedures for requesting sampling.

To request ODA sampling and testing, submit the form to: <a href="mailto:hemptestreports@oda.oregon.gov">hemptestreports@oda.oregon.gov</a> For a list of accredited laboratories, please visit: <a href="https://oda.direct/CannaLabs">https://oda.direct/CannaLabs</a>

## **Grower Information**

GROWER NAME:	BUSINESS NAME (IF APPLICABLE):	DATE:
PHONE:	EMAIL:	LICENSE NUMBER:
IS THIS DUE TO A FAILED TEST? YES NO	IF YES, WHAT WERE THE FAILED TEST RESULTS? % TOTAL THC	DATE OF ORIGINAL TEST

**Hemp Sampling Area** – Must be a licensed growing area. Do not combine production areas. Sampling area may contain only cannabis of the same variety or strain to be harvested in a distinct time frame.

GROW SITE NAME:	PRODUCTION AREA NAME:		HARVEST LOT NAME (ODA):		
	HARVEST LOT NAME (USDA FSA):		-2025-00		
	FARM# TRACT# FIELD#		(Production area name)	(Lot #)	
PHYSICAL ADDRESS:	CITY:		ZIP CODE:	TOTAL SIZE OF PRODUCTION AREA:	
				ACI	RES
				0	R
				SQI	JARE FEET
GPS COORDINATES:			SIZE OF AREA TO BE SAMPLED:		
LATITUDE: LONGITUDE:			ACRES		
			OR		
(MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623)			SQUARE FEET		
AREA TYPE:	INTENDED USE:	STRA	AIN TYPE:	DECLARED HARVEST DATE:	
(e.g. field, greenhouse, indoor)	(e.g. flower, biomass)			(must be within 30 days from date of	
				sampling)	
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<b>Written Description:</b> Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:
<b>Visual Depiction:</b> Oriented north, map or sketch the production area or harvest lot, showing at least one prominent feature (road, building, etc.). Please outline and label all surrounding harvest lots and production areas, including areas left untested. May be hard drawn
including areas left untested. May be hand drawn.
Grower Request for Sampling and Testing
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I. request pre-harvest sampling and testing of production area(s) or harvest
l,, request pre-harvest sampling and testing of production area(s) or harvest lot(s) of hemp as described in the attached hemp 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 ODA may have backlogs for sampling and testing. It is the grower's responsibility to ensure timely sampling and testing.

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