



**OREGON DEPARTMENT OF AGRICULTURE**

# Control Study Certification Form

**INSTRUCTIONS** for completing this form:

- The form should be submitted to [hemptestreports@oda.state.or.us](mailto:hemptestreports@oda.state.or.us). Associated test results or other documentation may be requested by ODA to verify the responses contained in this form. Do not provide a copy of test results unless requested.
- LEGIBLY COMPLETE EVERY SECTION OF THIS FORM LEGIBLY. Incomplete or illegible forms will be returned to the licensee and will not be reviewed by ODA until deficiencies are corrected.
- Use page 2 for product variations, if more space is needed insert multiple pages.
- No blanks should be left in the form. The Laboratory Representative completing this form should write "NOT APPLICABLE" or "NA" in any section they believe is not applicable to the testing of the particular product. If blank spaces are left in the form, or ODA determines that a "Not Applicable" or "NA" response is not appropriate for a particular section, the form will be returned and will not be reviewed by ODA until the deficiencies are corrected.

<b>Primary Laboratory Testing:</b>						
<b>Secondary Laboratory Testing (if applicable):</b>						
<b>Registrant Name:</b>						
<b>Registrant Number or Registrant Email:</b>						
<b>SOP name or reference number: (include version number and date created or last modified)</b>						
<b>Commercial Name of Item:</b>						
<b>Item Description: (for products include target potency, if an edible, type of edible)</b>						
<b>Description Details:</b> <input type="checkbox"/> For sale to consumer <input type="checkbox"/> For further processing		<b>Unit of sale</b>	<b>Serving Size – THC per serving</b>	<b>Final weight or volume</b>	<b>Texture</b>	<b>Flavor</b>
<b>Process Lot # associated with control study:</b>						
<b>Batch Size: (include unit of measurement)</b>		<b># of Sample Increments:</b>				
<b>Control Study Test Performed:</b>						
<input type="checkbox"/> Concentrate <input type="checkbox"/> Extract		<input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> THC concentration    Target THC:				
<input type="checkbox"/> Product		<input type="checkbox"/> THC concentration    Target THC:				



# Control Study Certification Form

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Description of item variations that fall under the SOP:					
Description Details:	Unit of sale	Serving Size – THC per serving	Final weight or volume	Texture	Flavor
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Description Details:	Unit of sale	Serving Size – THC per serving	Final weight or volume	Texture	Flavor

**LABORATORY CERTIFICATION:**

The Laboratory performing a control study pursuant to OAR 333-007-0440 must complete **each** of the below sections.

<b><u>Certification</u></b>	<b>Initials (or “NA”)</b>	<b>Date</b>
I certify that the number of sample increments taken meet the requirements of OAR 333-007-0360, Exhibit B.		



# Control Study Certification Form

<b>Certification (continued)</b>	<b>Initials (or "NA")</b>	<b>Date</b>
I certify that all pesticide testing results were below the action limits set in Exhibit A, Table 3 to OAR 333-007-0400.		
I certify that the Limits of Quantifications ("LOQs") for each pesticide tested for are below the action limits set in Exhibit A, Table 3 of OAR 333-007-0400.		
I certify that all solvents listed in Exhibit A, Table 4 of OAR 333-007-0410 were tested for.		
I certify that all solvents tested for were below the action limits set in Exhibit A, Table 4 of OAR 333-007-0410.		
I certify that the Limits of Quantifications ("LOQs") for each solvent were below the action limits set in Exhibit A, Table 4 of OAR 333-007-0410.		
I certify that the total THC range detected during testing is:		
I certify that the total THC values were accurately calculated pursuant to OAR 333-064-0100, that the Relative Standard Deviation (RSD) of the total THC was accurately calculated, and that the RSD is below 20%		
I certify that the THC levels do not exceed the concentration limits specified in OAR 333-007-0200 to 333-007-0220.		
I certify that all information contained on this form, and submitted along with this form if requested by ODA, is accurate, and that the control study is considered as passing.		
<b>Print Name of Laboratory Representative completing this form:</b>		
<b>Laboratory Representative Signature</b>		

<b>For official ODA use only</b>	
Control Study Status: <input type="checkbox"/> Not Certified <input type="checkbox"/> Certified      Approval #:	
Control Study Expires On*:	
Product Certified:	
Product's SOP #	Batch size certified:
Test(s) Control Study Certified for: <input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> THC Concentration	
Reviewed By:	
<p>*A handler or processing site must undergo a control study for a product again or must have batches sampled and tested as if the product had not undergone a control study if:</p> <p>(a) There are any changes to the standard operating procedures for that product.</p> <p>(b) There are any changes in the type of ingredient in the product, except for a difference in the strain of usable marijuana, or the purity of an ingredient.</p>	