



SAMPLE ANALYSIS REQUEST FORM

SAMPLE TESTING INFORMATION

Sample Testing Date:		Sample Testing Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Testing Instrumentation Used: <input type="checkbox"/> Liquid chromatography coupled with mass spectrometry <input type="checkbox"/> Liquid chromatography coupled with diode-array detector <input type="checkbox"/> Liquid chromatography coupled with variable wavelength detector <input type="checkbox"/> Gas chromatography with flame ionization detector <input type="checkbox"/> Gas chromatography coupled with mass spectrometry			
<i>Cannabinoid</i>	<i>mg/g</i>	<i>Percentage Weight</i>	<i>Limit of Detection (%)</i>
Δ9 THC			
THC-A			
THC (Δ9 THC+(THC-A*0.877))			
Testing Analyst Name:		Testing Analyst Signature:	

CHAIN OF CUSTODY INFORMATION

Relinquished by (Print Name): 1.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 2.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 3.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 4.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 5.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				



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ADDITIONAL CHAIN OF CUSTODY INFORMATION

Relinquished by (Print Name): 6.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 7.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 8.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 9.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 10.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 11.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				
Relinquished by (Print Name): 12.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose <input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, stop and contact county agricultural commissioner				

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Each sample must:

- be collected from different plants,
- consist of the terminal **eight inches** from the main stem that includes leaves and flowers, terminal bud that occurs at the end of a stem, or central cola. If the **plant is less than eight inches**, the whole plant above ground must be taken.

Number of Samples to be Taken

Number of acres	Sample Size "n"	Number of acres	Sample Size "n"	Number of acres	Sample Size "n"	Number of acres	Sample Size "n"
0-6	6	34	31	72-73	59	115-116	84
7	7	35	32	74	60	117-118	85
8	8	36	33	75-76	61	119-120	86
9	9	37-38	34	77	62	121-122	87
10	10	43	38	78-79	63	123-124	88
11	11	44	39	80-81	64	125-126	89
12	12	45-46	40	82	65	127-128	90
13	13	47	41	83-84	66	129-130	91
14	14	48	42	85-86	67	131-132	92
15	15	49-50	43	87	68	133-134	93
16	16	51	44	88-89	69	135-136	94
17	17	52	45	90-91	70	137-138	95
18-19	18	53-54	46	92	71	139-140	96
20	19	55	47	93-94	72	141-143	97
21	20	56	48	95-96	73	144-145	98
22	21	57-58	49	97-98	74	146-147	99
23	22	59	50	99	75	148-149	100
24	23	60-61	51	100-101	76	150-152	101
25-26	24	62	52	102-103	77	153-154	102
27	25	63-64	53	104-105	78	155-156	103
28	26	65	54	106-107	79	157-157	104
29	27	66-67	55	108	80	159-161	105
30	28	68	56	109-110	81	162-163	106
31-32	29	69-70	57	111-112	82	164-166	107
33	30	71	58	113-114	83	167-168	108

For any cultivation site that is more than 168 acres, then use the formula, $\frac{299}{(1+(\frac{298}{N}))} = n$, where N is the number of acres and n is the number of samples to be taken.