



**Industrial Hemp
Pre-Harvest THC Report**
ORELAP Laboratory Use Only
(Rev 08/21/2017)

INSTRUCTIONS FOR COMPLETING THIS FORM:

- This form is only to be used for reporting total Tetrahydrocannabinol (THC) in pre-harvest tests of industrial hemp as required by ORS 571.300 to 571.315; Oregon Laws 2016, Chapter 71 (2016 Laws) and OAR 603-048.
- IT IS NECESSARY TO COMPLETE EVERY SECTION OF THIS FORM LEGIBLY. Incomplete or illegible forms shall be returned and shall not be accepted by the Oregon Department of Agriculture (ODA) until deficiencies are corrected.
- Complete a copy of this report for each harvest lot as defined by OAR 603-048-0010 (9). The form must be submitted to 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: Green Leaf Lab

Secondary Laboratory Testing: _____
(if applicable)

Indicate if this is: (Check One) First Test X 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

__215_Rev_2.9.4__

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 THC:** The Harvest Lot satisfies required pre-harvest testing.
- **Are equal to or greater than 0.35 percent 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 603-048-0625. 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.