



Sampling Request & Plan Form

Rose City Labs
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Client Contact/Title	
Business Name:	
Preferred method of contact:	
Testing Category:	<input type="checkbox"/> Compliance <input type="checkbox"/> Information Only (R&D)
Authorization/License Number:	<input type="checkbox"/> OLCC <input type="checkbox"/> OHA
Desired date & time of sampling:	
Location of sampling:	

Sample Information:

<i>Sample Name AND Description:</i>		<i>Product Type:</i> <input type="checkbox"/> Flower <input type="checkbox"/> Concentrate/Extract <input type="checkbox"/> Edible/Topical <input type="checkbox"/> Tincture <input type="checkbox"/> Other: _____
Target THC level: _____		
<i>Lot/Batch Unique Identification Number:</i>	<i>Total Mass/Final Unit Count:</i>	<i>Control Study Certificate ID:</i> <input type="checkbox"/> NA Expires: _____
<i>Type/Size of Container or Packaging:</i>	<i>Number of Containers:</i>	<i>Serving/Unit Size:</i>

Tests Requested

<input type="checkbox"/> Potency qty: _____	Control Study: <input type="checkbox"/> Completed <input type="checkbox"/> Requested
<input type="checkbox"/> Pesticides qty: _____	Control Study: <input type="checkbox"/> Completed <input type="checkbox"/> Requested
<input type="checkbox"/> Pesticides Re-test Date of Failure: _____	
<input type="checkbox"/> Residual Solvents qty: _____	Control Study: <input type="checkbox"/> Completed <input type="checkbox"/> Requested
<input type="checkbox"/> Water Activity qty: _____	<input type="checkbox"/> Moisture qty: _____ <input type="checkbox"/> Terpenes qty: _____