State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-008 Pg. 1 (Rev. 06/23)



SAMPLE ANALYSIS REQUEST FORM

SAMPLE ANALYSIS REQUESTER INFORMATION

Name:			Registration #:	
Mailing Address:		City:	State:	Zip:
Signature:	Date:	Phone Number:	Email:	

COUNTY AGRICULTURAL COMMISSIONER INFORMATION

	County of Agricultural Commissioner's Office	Contact Name:		
TO:		Phone Number:	Email:	

PLANTING AND CULTIVAR INFORMATION

You must notify county of any changes to the information provided no less than 2 calendar days prior to schedule and sampling date.					
Anticipated Harvest Start Date:	Cultivar Name:		Planting Size of Cultiva	r: 🗆 Acres	
				Square Feet	
Physical Address:		City:		Zip:	
Global Positioning System (GPS) coordinates (from the approximate center of the growing area)			FSA Lot Identification Number:		
Latitude: Longitude:					
General Description of Planting Location:					

SAMPLE COLLECTION INFORMATION

Sample ID:	Retest:		Previo	us Sample ID (if retest):		
		Failed Report N				
Collection Date:		Collection Time:				AM
						PM
Description of Planting:		Est Avg Plant Height:	Inches	Condition of Plants:		
			Feet			
		Homogeneity:		Approximate Density:		
# of Samples Collected:		Degree of Maturity of Flowerin	ing Material:		🗆 No Flo	wers
Sampler Name:	 ☐ County ☐ Other: 	Sampler Signature:				

TESTING LABORATORY INFORMATION

State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-008 Pg. 2 (Rev. 06/23)



SAMPLE ANALYSIS REQUEST FORM

SAMPLE TESTING INFORMATION

Sample Testing Date:		Sample Testing Time:	□ AM □ PM		
Testing Instrumentation Used:					
□ Liquid chromatography coupled w	vith mass spectrometry	\Box Gas chromatography with flame ionization detector			
□ Liquid chromatography coupled w	/ith diode-array detector	Gas chromatography coupled with mass spectrometry			
□ Liquid chromatography coupled w	vith variable wavelength detector				
Cannabinoid	mg/g	Percentage Weight	Limit of Detection (%)		
∆9 THC					
THC-A					
THC (∆9 THC+(THC-A*0.877))					
Testing Analyst Name:		Testing Analyst Signature:			

CHAIN OF CUSTODY INFORMATION

Relinquished by (Print Name):	Relinquished by Signature:	Company/County Name:	Date:	Time:
1.				
Purpose		Transfer/Storage Location:		
□ FOR SHIPPING □ FOR STORAGE	FOR ANALYSIS			
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Yes	If yes, stop and contact county agric	ultural commissioner		· · · ·
Relinquished by (Print Name):	Relinquished by Signature:	Company/County Name:	Date:	Time:
2.				
Purpose		Transfer/Storage Location:		
□ FOR SHIPPING □ FOR STORAGE	FOR ANALYSIS			
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Yes	If yes, stop and contact county agric	ultural commissioner	I	I
Relinquished by (Print Name):	Relinquished by Signature:	Company/County Name:	Date:	Time:
3.				
Purpose		Transfer/Storage Location:		
□ FOR SHIPPING □ FOR STORAGE	FOR ANALYSIS			
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Yes	If yes, stop and contact county agric	ultural commissioner		
Relinquished by (Print Name):	Relinquished by Signature:	Company/County Name:	Date:	Time:
4.				
Purpose		Transfer/Storage Location:		
□ FOR SHIPPING □ FOR STORAGE	FOR ANALYSIS			
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
	-			
Signs of Tampering? □ No □ Yes	I f yes, stop and contact county agric	ultural commissioner		
Relinguished by (Print Name):	Relinquished by Signature:	Company/County Name:	Date:	Time:
5.				
Purpose		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Yes	If yes, stop and contact county agric	ultural commissioner	·	

State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-008 Pg. 3 (Rev. 06/23)



SAMPLE ANALYSIS REQUEST FORM

ADDITIONAL CHAIN OF CUSTODY INFORMATION

Relinquished by (Print Name): 6.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Ye	es If yes, stop and contact county agr	icultural commissioner		
Relinquished by (Print Name): 7.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose	G FOR ANALYSIS	Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Ye	es If yes, stop and contact county agr	icultural commissioner		·
Relinquished by (Print Name): 8.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose □ FOR SHIPPING □ FOR STORAGE		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Ye	es If yes, stop and contact county agr	icultural commissioner	I.	I
Relinquished by (Print Name): 9.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose	FOR ANALYSIS	Transfer/Storage Location:		I
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Ye	es If yes, stop and contact county agr	icultural commissioner	I	I
Relinquished by (Print Name): 10.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose	FOR ANALYSIS	Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Ye	es If yes, stop and contact county agr	icultural commissioner		
Relinquished by (Print Name): 11.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose	□ FOR ANALYSIS	Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Ye	I ges, stop and contact county agr	icultural commissioner		
Relinquished by (Print Name): 12.	Relinquished by Signature:	Company/County Name:	Date:	Time:
Purpose		Transfer/Storage Location:		
Received by (Print Name):	Receiver Signature:	Company/County Name:	Date:	Time:
Signs of Tampering? □ No □ Ye	es If yes, stop and contact county agr	icultural commissioner	I	I

State of California DEPARTMENT OF FOOD & AGRICULTURE Pest Exclusion/Nursery, Seed, and Cotton Program 69-008 Pg. 4 (Rev. 06/23)



SAMPLE ANALYSIS REQUEST FORM

Each sample must:

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

Number of Samples to be Taken

Number of	Sample						
acres	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.