OREGON DEPARTMENT OF AGRICULTURE

Hemp Program
635 Capitol St, NE, Salem, OR 97301-2532 503.986.4652
hemp@oda.oregon.gov | Oregon.gov/ODA

Hemp Sampling Request

To request sampling and testing, submit a complete copy of this form for each harvest lot or production area.
Submit it to an OLCC-licensed and ORELAP -accredited laboratory of your choice according to the laboratory's procedures for requesting sampling.
To request ODA sampling and testing, submit the form to: hemptestreports@oda.oregon.gov For a list of accredited laboratories, please visit: https://orelap.state.or.us/searchLabs

Grower Information

GROWER NAME:	**BUSINESS NAME (AS SHOWN ON LICENSE):**	**DATE:**
PHONE:	**EMAIL:**	**IHG LICENSE NUMBER:**
IS THIS DUE TO A FAILED TEST? YES ☐ NO ☐	**IF YES, WHAT WERE THE FAILED TEST RESULTS?** _____ **% TOTAL THC**	**DATE OF ORIGINAL TEST** _____

Hemp Sampling Area – Must be a licensed growing area. Do not combine production areas. Sampling area may contain only cannabis of the same variety or strain to be harvested in a distinct time frame.

GROW SITE NAME:	**PRODUCTION AREA NAME:** **HARVEST LOT NAME (USDA FSA):** FARM# TRACT # FIELD#		**HARVEST LOT NAME (ODA):** _____-2026-00_____ **(Production area name)** **(Lot #)**
PHYSICAL ADDRESS:	**CITY:**	**ZIP CODE:**	**TOTAL SIZE OF PRODUCTION AREA:** _____ **ACRES** **OR** _____ **SQUARE FEET**
GPS COORDINATES: **LATITUDE:** **LONGITUDE:** **(MUST BE IN DECIMAL FORMAT, EG: 45.123456, -123.45623)**			**SIZE OF AREA TO BE SAMPLED:** _____ **ACRES** **OR** _____ **SQUARE FEET**
AREA TYPE: (e.g. field, greenhouse, indoor)	**INTENDED USE:** (e.g. flower, biomass)	**STRAIN NAME:**	**DECLARED HARVEST DATE:** (must be within 30 days from date of sampling)

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Written Description: Describe the location of the production area or harvest lot such that the growing area is apparent from a visual inspection of the premises and is easily discernable from other production areas and harvest lots:

Visual Depiction: Oriented north, map or sketch the production area or harvest lot, showing at least one prominent feature (road, building, etc.). Please outline and label all surrounding harvest lots and production areas, including areas left untested. May be hand drawn.

Grower Request for Sampling and Testing

I, _____, request pre-harvest sampling and testing of production area(s) or harvest lot(s) of hemp as described in the attached hemp sampling request description(s) for THC analysis in accordance with OAR 603-048. Sampling and testing must comply with all requirements of OAR 603-048 including all exhibits and forms.

Signature: _____ Date: _____

Fees will apply. Laboratories or ODA may have backlogs for sampling and testing. It is the grower's responsibility to ensure timely sampling and testing.