



# Hemp Pre-Harvest THC Report

## INSTRUCTIONS FOR COMPLETING THIS FORM:

This form is only to be used for reporting total Tetrahydrocannabinol (total THC) in pre-harvest tests of hemp as required by ORS 571.300 to 571.315; and OAR 603-048. 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:** ROGUE RESEARCH LAB LLC

**Secondary Laboratory Testing (if applicable):**

**Indicate if this is:** (Check One)  First Test  Second Test  Third Test

**Registered Grower Name or Business Name:**

Farm 164

**Registration Number:** \*Redacted\* -IHG

**Grower phone:** \*Redacted\*

**Grower email:** \*Redacted\*

**Grow Site Addr:** \*Redacted\*

**Grow Site City:** \*Redacted\*

**Field Name or Harvest Lot Name:** FIELD 2022-007

**Sampled By:**

C. BERRY

**Date:** 9/30/2022

**Received By (laboratory personnel):**

C. BERRY

**Date:** 9/30/2022

**Method Reference:** LO001R9

**Strain Type:** TANG TANG

**Analytical Results:** <.1 % Total THC  Passed  Failed  Resample

*A sample passes testing when the application of the measurement of uncertainty to the amount of total THC of the sample produces a distribution or range that includes 0.3 percent or less on a dry weight basis*

**Measurement of Uncertainty:** .026

**Date Tested:** 10/5/2022

By checking the box below, I certify to the best of my knowledge that all information presented in the hemp pre-harvest test results are factual and true, and that I am legally authorized to submit the hemp pre-harvest test results on behalf of this registered hemp grower.

I certify this to be true

**Laboratory Technician Performing Test (Print name/electronic signature):**

C. BERRY

**Date:** 10/6/2022

**Reviewed By (Print name/electronic signature):**

N. VU

**Date:** 10/6/2022