



# OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## MAINE ADULT USE CANNABIS PROGRAM Sample Collection Form

<b>Section 1: Adult Use Licensee Requesting Mandatory Testing.</b> Provide information for the licensee requesting the mandatory testing.	
Name of Licensee Requesting Mandatory Testing	License Number
Licensee Physical Address	
Licensee Primary Point of Contact for Sample Collection (Requester) Name	Licensee Primary Point of Contact for Sample Collection (Requester) Telephone Number or E-mail Address
<b>Section 2: Sampling Party Information.</b> Provide information for the party and individual taking samples for mandatory testing.	
Sampling Party <input type="checkbox"/> Self-sampling Licensee <input type="checkbox"/> Sample Collector Licensee <input type="checkbox"/> Testing Facility Staff	Name of Individual Collecting Samples
	IIC Number of Individual Collecting Samples

**Section 3: General Information for Cannabis or Cannabis Products to be Sampled.** Prior to collecting any samples for mandatory testing, the licensee requesting mandatory testing must complete this section.

**3(a): Items to be Sampled.** For all cannabis or cannabis products to be sampled for mandatory testing list: flower/trim strain (cultivar) or manufactured product name, matrix type (flower, oil, wax, hash, shatter, etc.), item weight, storage location, storage environment (temperature, humidity, etc) and the METRC Batch Number for every strain or product.

Item 1	Item Strain/Name	Matrix Type	METRC Batch Number
	Item Weight	Storage Location	Storage Environment
Item 2	Item Strain/Name	Matrix Type	METRC Batch Number
	Item Weight	Storage Location	Storage Environment
Item 3	Item Strain/Name	Matrix Type	METRC Batch Number
	Item Weight	Storage Location	Storage Environment
Item 4	Item Strain/Name	Matrix Type	METRC Batch Number
	Item Weight	Storage Location	Storage Environment
Item 5	Item Strain/Name	Matrix Type	METRC Batch Number
	Item Weight	Storage Location	Storage Environment
Item 6	Item Strain/Name	Matrix Type	METRC Batch Number
	Item Weight	Storage Location	Storage Environment

**Section 4: Pre-Sample Collection Instructions**

**4(a): Pre-Sample Collection Instructions for Self-Sampling Licensees.** This section is to be completed if a licensee is self-sampling for mandatory testing.

Did testing facility provide guidance on sample collection tools?  <input type="checkbox"/> Yes  <input type="checkbox"/> No (if no, licensee must follow a testing facility approved sampling plan.)	Did testing facility provide guidance on container(s) to be used for sample collection and transport?  <input type="checkbox"/> Yes  <input type="checkbox"/> No (if no, licensee must follow a testing facility approved sampling plan.)
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Did testing facility provide guidance on sample transportation and other special instructions?  <input type="checkbox"/> Yes  <input type="checkbox"/> No (if no, licensee must follow a testing facility approved sampling plan.)	Transport temperature
	Transport humidity
	Other instructions, including whether the cannabis testing facility requires the use of any testing blanks for the tests requested.

Date and Time of Initial Contact with Cannabis Testing Facility	Expected Date and Time of Sample Delivery	Deliverer IIC#
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**4(b). Pre-Sample Collection Information for Sample Collector or Cannabis Testing Facility (CTF) Licensees Conducting Sampling.** This section is to be completed if a sample collector or testing facility is collecting samples for mandatory testing.

Date and Time Initial Contact with Testing Facility	Sample Collection Date
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Sample Transportation and Other Considerations
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**Section 5. Items and Associated Sample Information (Repeat this section for each different item sampled)**

<b>Item # ____ (See Section 3(a) above)</b>	<b>Sampling Date/Time:</b>
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**Associated Sample information (sample may need to be stored in separate containers based upon analyses conducted, consult testing facility)**

Sample Package METRC Tag#:	Number of Container(s) Comprising Composite Sample for this Item:
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Describe sampling environment (temperature, etc.) Temperature: \_\_\_\_\_

**Sample Container 1 of \_\_\_\_**  
Individual collecting samples for mandatory testing must mark each sample container with the corresponding sample container number indicated here.

**Sample Container Label:**

<b>Requested Test(s):</b> <input type="checkbox"/> Cannabinoid Profile <input type="checkbox"/> Filth and Foreign Material	<input type="checkbox"/> Microbiological Impurities (Bacteria, Yeast and Mold) <input type="checkbox"/> Mycotoxin <input type="checkbox"/> Water Activity	<input type="checkbox"/> Pesticides <input type="checkbox"/> Residual Solvents <input type="checkbox"/> Metals
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Type of Container:	Tools used to Sample:
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Empty Container Weight:	Container Weight Including Sample Increments
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**Sample Container 2 of \_\_\_\_**

**Sample Container Label:**

<b>Requested Test(s):</b> <input type="checkbox"/> Cannabinoid Profile <input type="checkbox"/> Filth and Foreign Material	<input type="checkbox"/> Microbiological Impurities (Bacteria, Yeast and Mold) <input type="checkbox"/> Mycotoxin <input type="checkbox"/> Water Activity	<input type="checkbox"/> Pesticides <input type="checkbox"/> Residual Solvents <input type="checkbox"/> Metals
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Type of Container:	Tools used to Sample:
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Empty Container Weight:	Container Weight Including Sample Increments
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**Sample Container 3 of \_\_\_\_**

**Sample Container Label:**

<b>Requested Test(s):</b> <input type="checkbox"/> Cannabinoid Profile <input type="checkbox"/> Filth and Foreign Material	<input type="checkbox"/> Microbiological Impurities (Bacteria, Yeast and Mold) <input type="checkbox"/> Mycotoxin <input type="checkbox"/> Water Activity	<input type="checkbox"/> Pesticides <input type="checkbox"/> Residual Solvents <input type="checkbox"/> Metals
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Type of Container:	Tools used to Sample:
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Empty Container Weight:	Container Weight Including Sample Increments
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**Section 6. Attestation, Individual Collecting Samples for Mandatory Testing and Witness**

By signing below, I am attesting that to the best of my personal knowledge and observations, the following are true:

- 1) All information in Sections 1 through 5 of this form are complete and accurate.
- 2) All samples recorded herein were collected in accordance with the current version of the Department’s *Maine Adult Use Cannabis Program Sample Collection SOP for Mandatory Testing* and the current version of the Department’s *Best Practices Guide for Sample Collection*.
- 3) All sample increments were randomly selected, and no person has enriched, augmented, tampered with, degraded or otherwise altered the sample increments or resulting composite sample(s) recorded on this form.
- 4) No person attempted to or requested that I enrich, augment, tamper, degrade, or otherwise alter the sample increments or resulting composite sample(s) recorded on this form.
- 5) I sealed all sample collection containers in the presence of the witness identified below.
- 6) I understand that any intentional misrepresentations on this form or alteration of the samples recorded on this form is grounds for revocation of my individual identification card and could also result in compliance and/or enforcement action against the licensee requesting mandatory testing up to and including revocation of that license.

Sample Collector’s Signature	Printed Name	Date and Time
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By signing below, I am attesting that the above-signed sample collector affixed seals to all sample collection containers indicated above and that I did not witness any attempts by the sample collector or any other person to enrich, augment, tamper, degrade or otherwise alter the contents of the sample collection container. By signing as a witness to these activities I make no assertions regarding the integrity of the samples collected other than affirming that the samples listed above were sealed in my presence and the sample collector, nor any other person, did not enrich, augment, tamper, degrade or otherwise alter the contents of the sample collection containers in my presence.

Witness’ Signature	Printed Name	Date and Time
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**Section 7. Transfer information**

Transporter (Note: the entity that collected the samples must transport the samples to the Cannabis Testing Facility(ies) for testing, unless a CTF is transporting for that self-sampler)

- Cultivation/Manufacturing Facility Licensee
- Sample Collector Licensee
- Cannabis Testing Facility Licensee

METRC Manifest Number:

IIC-holder Transporting Samples Name:

IIC Number:

Seal Number(s) if Applicable:	Is the seal signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the seal dated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Does transport condition comply with testing facility instruction? <input type="checkbox"/> Yes  <input type="checkbox"/> No	Transport storage temperature:
	Seal condition:
	Other:

IIC-holder Transporting Sample(s)’ Signature:	Date
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**Section 8. Sample Receipt**

Testing Facility Name:

Testing Facility License Number:

Delivery Address

City

State

Zip

Receiver Name:

Receiver IIC number:

Sample acceptance:

 Yes (Describe sample condition) No (If no, describe the reason)

Sample temperature upon receipt:

Seal condition:

Other:

Sample Storage Location Identification in METRC:

Storage Temperature:

Storage Humidity:

Other Sample Storage Conditions:

**Receiver's signature:****Date:**

\*Original form stays with samples collected. Requester retain a copy. Licensee responsible for sample collection retain a copy.