

**Quality Laboratories LLC**

609 S Kelly Ave, Suite K4

Edmond, 73003

LAAA-8DON-ORMS

Licensed Name of  
Transporter:

Street Address:

City, Zip:

License Number:

Licensed Name of  
Grower/Processor:

Street Address:

City, Zip:

License Number:

**FIELD SAMPLING LOG**

\*\*\*Complete all highlighted fields prior to delivering the primary sample to the laboratory. Other fields will be completed upon delivery. Please complete one field log per sample being analyzed\*\*\*

\*\*\*Please follow this guide in accordance with Quality Laboratories LLC SOP: Instructions and Best Practices for Harvest/Production Batch Sampling, Version 001\*\*\*

Name of "Sampler":		Total weight or unit count of the primary sample:	
Title of "Sampler":		Total weight of laboratory analysis sample:	
Please list the names of other individuals on Premesis during sampling:		Total weight of laboratory reserve sample:	
		Laboratory ID for Anaysis Sample:	
Date and time Sampling was Initiated		Laboratory ID for Reserve Sample:	
Date and time sampling was concluded		Analyses requested for Collected Sample:	
Batch Number from which samples are being obtained:		<b>Sampling conditions:</b>	
Sample matrix:		Temperature:	
Total Batch Weight or unit count:		Humidity:	
Container utilized for sampling:		Misc:	
Maunfacturer, Part number, lot number of sampling container (if applicable):			

Problems encountered, corrective actions taken, or any notable observations from sampling, including major inconsistencies in medical marijuana or medical marijuana product color, size, or smell:
