Voluntary Hemp Testing
Chain of Custody Form

Include this form with your labeled samples and ship through USPS or personally deliver to: **Postharvest Physiology Lab 22201 W. Innovation Dr. Olathe, Kansas 66061**
Test results will be provided in 3-5 business days and be sent to the email provided

Client Name: _____ KDA Industrial Hemp License #_____
Phone number: _____ Grower ☐ Processor ☐ Distributor ☐
Business/Home Address: _____
Email address: _____

Please fill out the following table at time of sampling:

Sample #	**Collection date and time**		**Sample name**	**Number of cuttings**	**Variety name**	**Check the following boxes to indicate the cannabinoids you want identified and quantified**	
	Date	**Time**				**Total Δ9-THC** (Δ9-THC + Δ9-THC-A)	**CBD, CBDA, CBN**
Example	*8/13/19*	*7:30am*	*SW field*	*6*	*Cherry Wine*	X	X
1						☐	☐
2						☐	☐
3						☐	☐
4						☐	☐
5						☐	☐

Hemp Shipping Declaration:
This shipment contains laboratory samples of hemp plant material and/or CBD products. The shipper attests that these products have been produced and shipped in accordance with the Agricultural Act of 2014, and the associated advisory "Acceptance Criteria for Cannabidiol (CBD) Oil and products Containing CBD" released by the USPS on March 4, 2019. These samples are being delivered for testing purposed to a laboratory that holds a State Educational Institution License with the Kansas Department of Agriculture (KDA) through participation in the 2019 Kansas Industrial Hemp Research Program.
Compliance:
By signing, I confirm that the hemp samples being submitted were grown in accordance with the 2019 Kansas Industrial Hemp Research Program and verify that information on this form is correct. I acknowledge that sample information or testing requests cannot be changed once lab work has begun. I agree to the terms and conditions on the following page.

Signature: _____ **Date:** _____

K-State Olathe Postharvest Physiology Lab State Educational Institutional License number is KDA-0546469709

For lab use only
Date and time received: _____ Received by: _____
Drop-off ☐ USPS ☐ Results due: _____
Total # of Samples: _____

For questions please contact us at: (913) 307-7393 or ksuhemp@ksu.edu

Terms and Conditions

Section 1. Fee Payment

An electronic invoice will be generated and sent to the provided email upon receiving samples and the Chain of Custody Form. Invoice must be paid before receiving test results. We accept checks and major credit cards.

Section 2. Documents and Use of Reports

We will retain all pertinent records concerning services performed for a period of two (2) years after the report is sent; during that time, the records will be made available.

Section 3. Professional Standard

Testing services will be performed with a professional level of care and skill. Analytical methods have been verified with the following third-party proficiency tests: 1. The University of Kentucky Hemp Proficiency Test Program 2. Emerald Scientific “5 Cannabinoids - Potency Practice Proficiency Tests.”

Section 4. Delays and Unforeseen Circumstances

If there is a delay in the generation of test results due to circumstances beyond our control such as equipment malfunction, fire, unsafe working conditions, etc., the time for results shall be extended by a period equal to the time lost by reason of the delay.

Section 5. Acknowledgement of Results

Client recognizes that the levels of cannabinoids in crop can alter after test is performed. Cannabinoids can increase in concentration during the duration of flower development and levels can “spike” due to plant stress or other environmental factors.