

Intake Form – Pretested Dried Flower

Product Information

Date Received: _____ Weight: _____ grams Reimbursement: \$ _____

Description: _____

Transferred by: _____ Received by: _____

Date Authorization to Transfer Form Received: _____

Testing Information

Date Tested: _____ Lab Name: _____

Test Batch #: _____ Testing done by an Oregon lab: Yes No – **DO NOT ACCEPT**

The PRF can demonstrate that the batch from which samples were taken was sealed, and no tampering has occurred.

Yes No (*if this box is checked, treat product as UNTESTED*)

Return Information

Returned Date: _____ Returned To: _____

Weight Returned: _____ grams

Comments:
