



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:

Rogue Family Farms

Registration Number: AG-18-047084 -IHG

Grower phone: 503-261-0881

Grower email: roguefamilyfarms@gmail.com

Grow Site Addr: 10000 HWY 101

Grow Site City: EAGLE POINT

Field Name or Harvest Lot Name: COVEY HAZEL HILL

Sampled By:

C. BERRY

Date: 9/21/2022

Received By (laboratory personnel):

C. BERRY

Date: 9/21/2022

Method Reference: LO 001 R9

Strain Type: HAWAIIAN HAZE

Analytical Results: 0.253 % 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:

0.026

Date Tested: 9/28/2022

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: 9/29/2022

Reviewed By (Print name/electronic signature):

N. VU

Date: 9/29/2022