

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
PENNSYLVANIA HEMP PROGRAM
RECEIPT FOR SAMPLE**

HEMP PERMIT NUMBER:

NAME OF PERMIT HOLDER

ADDRESS

NAME OF REPRESENTATIVE (if different from permit holder)

TITLE

WAS PERMITTEE/REPRESENTATIVE PRESENT DURING THE ENTIRE SAMPLING?

YES

NO

ADDRESS OF GROWING SITE SAMPLED:

TOTAL NUMBER OF LOTS SAMPLED:

WAS A PHOTOGRAPH TAKEN OF THE GROWING SITE OF EACH LOT?

YES

NO

SAMPLE
NUMBER(S)

ex: 42-000###-SAXXXX-##

SAMPLE DESCRIPTION: Sample consists of a minimum of 5 clippings from female flowers, contained in a sealed paper bag which has been labeled according to protocol.

ACKNOWLEDGEMENT

The certified hemp sample(s), as specified above, were collected to fulfill federal and state sampling requirements of the Pennsylvania Department of Agriculture's Hemp Program, operated under the authority of the PA Hemp Controlled Plant General Permit of 2020 (published under The Act relating to Controlled Plants and Noxious Weeds (3 Pa.C.S.A. § 1501 et seq.)), and official collection of the sample(s) is hereby acknowledged.

PERMITTEE/REPRESENTATIVE SIGNATURE

DATE

NAME OF SAMPLING AGENT

SIGNATURE OF SAMPLING AGENT

DATE

Only if sampling agent is a PDA Regional Inspector, use this space to record payment information

Check # _____

Check Amount \$ _____

A COPY OF THIS FORM MUST BE GIVEN TO THE PERMIT HOLDER OR DESIGNATED REPRESENTATIVE.

WITHIN 5 BUSINESS DAYS, A COPY OF THIS FORM, AND ALL PHOTOGRAPHS TAKEN OF LOT GROWING SITES, MUST BE MAILED -or- EMAILED TO:

PA Department of Agriculture - Hemp Program, 2301 N. Cameron St., Harrisburg, PA 17110 -or- RA-AGPLHEMP@pa.gov

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
PENNSYLVANIA HEMP PROGRAM
CHAIN OF CUSTODY / SAMPLE SHIPMENT FORM**

PERMIT HOLDER INFORMATION

PA HEMP PERMIT NUMBER: BUSINESS NAME: CONTACT NAME: STREET ADDRESS: CITY, STATE, ZIP CODE:	PHONE NUMBER: EMAIL:
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SAMPLING AGENT INFORMATION

NAME: EMPLOYER: STREET ADDRESS: CITY, STATE, ZIP CODE:	PHONE NUMBER: EMAIL:
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HEMP SAMPLE INFORMATION

SAMPLE DESCRIPTION: Sample consists of a minimum of 5 clippings from female flowers, contained in a sealed paper bag which has been labeled according to protocol.

TOTAL NUMBER OF LOTS SAMPLED:	GROWING SITE ADDRESS:
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SAMPLE NUMBER <small>ex: 42-000###-SAXXXX-##</small>	LOT NUMBER	VARIETY NAME	LOT SIZE <small>(acres or sq ft)</small>	GPS Point <small>39.12344, -76.54321 (Latitude, Longitude) ex:</small>

NAME OF LABORATORY RECEIVING SAMPLES:

ADDRESS OF LABORATORY RECEIVING SAMPLES:

NAME OF SHIPPING COMPANY HANDLING SAMPLES:

DATE SENT:	NUMBER OF CONTAINERS USED TO SHIP SAMPLE(S):
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TRACKING INFORMATION OF SAMPLE PACKAGE(S):

Were samples hand-delivered to laboratory by sampling agent?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Delivered:
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The enclosed are certified hemp samples, as specified above, collected to fulfill federal and state sampling requirements of the Pennsylvania Department of Agriculture's Hemp Program, operated under the authority of the PA Hemp Controlled Plant General Permit of 2020 (**published under The Act relating to Controlled Plants and Noxious Weeds (3 Pa.C.S.A. § 1501 et seq.)**). With the signature on this form, the permit holder acknowledges that THC Certificates of Analysis will be sent directly to the Department of Agriculture.

A COPY OF THIS FORM MUST ACCOMPANY SAMPLES TO THE LAB (in shipping container or hand-delivered with sample). SAMPLE RESULTS AND A COPY OF THIS FORM MUST BE MAILED -or- EMAILED WITHIN 5 BUSINESS DAYS TO:

PA Department of Agriculture - Hemp Program, 2301 N. Cameron St., Harrisburg, PA 17110 -or- RA-AGPLHEMP@pa.gov

QUESTIONS: PA Hemp Program Staff, Phone: 223-666-2561 Email: RA-AGPLHEMP@pa.gov

NAME OF PERMITTEE/REPRESENTATIVE	TITLE:
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PERMITTEE/REPRESENTATIVE SIGNATURE	DATE:
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NAME OF SAMPLING AGENT

SIGNATURE OF SAMPLING AGENT	DATE:
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Instructions for Re-sampling:

Sampling protocol for re-sampling is the same as for original sample.

For any re-sample, include this form in the set of forms submitted to PDA.

Should also include all standard documentation: images, Receipt of Sample form, and Chain of Custody form.

Sample number for a re-sample: use original sample number followed by an "R".

example: Original sample 42-000024-SA0089-01 becomes

Re-sample number 42-000024-SA0089-01R

PLEASE NOTE: A lot may only be re-sampled one time, and it must be before harvest. Only the PDA Hemp Program may grant exceptions.

THIS IS A RE-SAMPLE

Grower Permit # _____

Sampling Agent ID# _____

Original Sample # _____

Reason for Resample:

Did not complete harvest of lot within the 30-day window

Permittee questions the THC results of original sample
(Give details below)
