

**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###-PDAXXX-##

**SAMPLE DESCRIPTION:** Sample consists of a minimum of 10 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.**

**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-plant@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 10 clippings from female flowers, contained in a sealed paper bag which has been labeled according to protocol.

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

**NAME OF LABORATORY RECEIVING SAMPLES:**

**ADDRESS OF LABORATORY RECEIVING SAMPLES:**

**NAME OF SHIPPING COMPANY HANDLING SAMPLES:**

<b>DATE SENT:</b>	<b>NUMBER OF CONTAINERS USED TO SHIP SAMPLE(S):</b>
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**TRACKING INFORMATION OF SAMPLE PACKAGE(S):**

<b>Were samples hand-delivered to laboratory by sampling agent?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Date Delivered:</b>
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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 TO:**  
PA Department of Agriculture - Hemp Program, 2301 N. Cameron St., Harrisburg, PA 17110 -or- RA-plant@pa.gov

**QUESTIONS:** PA Hemp Program Staff, Phone: 717-787-4843 Email: RA-plant@pa.gov

<b>NAME OF PERMITTEE/REPRESENTATIVE</b>	<b>TITLE:</b>
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<b>PERMITTEE/REPRESENTATIVE SIGNATURE</b>	<b>DATE:</b>
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**NAME OF SAMPLING AGENT**

<b>SIGNATURE OF SAMPLING AGENT</b>	<b>DATE:</b>
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