



**FORM**

**F-ADMIN-06-07**

**Analysis Request Form – Hemp**

**1. Business name / Client to appear on the results and responsible for all charges<sup>^</sup>:**

Business name or client name <sup>^</sup>				
ABN:				
Address (line 1)				
Suburb:		State:		Postcode:
Contact person name/s:				
Phone number/s:				
Email/s:				
Signature <sup>^^</sup>		Date:		

<sup>^</sup> This will appear on your Certificate/s of Analysis and also on your invoice.

<sup>^^</sup> By submitting samples, you accept ARL's Terms and Conditions: <http://scu.edu.au/arl/terms-and-conditions>

**2. Sampling authority – a signed copy of the report to be sent to:**

Agency:				
Address (line 1):				
Suburb:		State:		Postcode:
Contact Name/s:				
Phone number/s:				
Email address/es:				

**3. Sample details**

Source / Grower details:				
Client reference #:		Hemp licence number*:		
Analysis requested**	<input type="checkbox"/> Drying & milling*** <input type="checkbox"/> Cannabinoids - THC - GC (plant material) <input type="checkbox"/> Cannabinoids (CBD, CBD-A, THC, THC-A) – HPLC <input type="checkbox"/> Terpene Profile – GCFID - Area% <input type="checkbox"/> Cannabinoids - LCMS (Food Stuffs)			

\*You are required to attach a copy of your hemp licence to this form.

\*\* By submitting samples, you accept ARL's Terms and Conditions: <http://scu.edu.au/arl/terms-and-conditions>

\*\*\*ARL reserves the right to complete further drying and milling on your sample/s if we deem it has not been performed adequately or sufficiently upon receipt, and you will be required to pay for this service.

SAMPLE NAME <sup>^</sup>	SAMPLE ID <sup>^</sup>

Role	Name	Position	Signature/ Date	Review Period
Prepared by	Denise Perkins	Administration Officer	 Digitally signed by Denise Perkins Date: 2021.02.19 09:09:56 +11'00'	Effective: 19/02/2021
Authorised by	Ashley Dowell	Manager - ARL	<b>Ashley Dowell</b> Digitally signed by Ashley Dowell Date: 2021.02.19 10:47:28 +11'00'	Review: 18/02/2024

**ARL office use only**

Consignment accepted by (print name)			
Signature			
Date		Time	

**Revision History**

Version #	Issue date	Review date	Reason for Revision
1	21/03/2014	20/03/2017	Initial document.
2	21/12/2016	20/12/2019	Update to content and formatting.
3	06/09/2017	05/09/2020	Update to content and formatting.
4	16/11/2018	15/11/2021	Update to assays and formatting.
5	31/01/2020	30/01/2023	Update to content and formatting.
6	19/03/2020	18/03/2023	Addition of reference to ARL Terms & Conditions & extra information regarding destructive analysis, amendment to assay types.
7	19/02/2021	18/02/2024	Amend name of form, change analysis descriptions. Addition of reference to ARL's Terms and Conditions.