

**FORM**
**F-ADMIN-07-03**
**Analysis Request Form – Medicinal Cannabis**
**1. Client sending sample/s to Analytical Research Laboratory (ARL)**

Business name or client name ^			
Office of Drug Control (ODC) Licence # ^^		Phone number/s	
Contact person name/s:			
Email/s:			
Client signature^^^		Date	

^ This will be recorded on your Certificate of Analysis (CofA) and on your Invoice.

^^ SCPS ARL requires you to provide your Office of Drug Control (ODC) licence number on this form and to also attach a copy of your ODC licence to this form. ARL will not proceed with your requested analysis until we have received this information.

 ^^ By submitting samples, you accept ARL's Terms and Conditions: <https://www.scu.edu.au/ar/terms-and-conditions.pdf>.

**2. Sample information**

<input type="checkbox"/> THC – GCFID <input type="checkbox"/> THC and CBD – GCFID <input type="checkbox"/> Cannabinoids (CBD, CBD-A, THC, THC-A) – HPLC <input type="checkbox"/> Cannabinoids (full suite) – LCMS <input type="checkbox"/> Terpene Profile – GCFID - Area%* <input type="checkbox"/> Terpene Profile – GCMS - Headspace** <input type="checkbox"/> Drying and milling***	<input type="checkbox"/> Ash Content by Combustion – Routine and Acid Insoluble**** <input type="checkbox"/> Heavy Metals – Total Acid Extractable <input type="checkbox"/> Herb Authentication (identification via HPLC) <input type="checkbox"/> Herb Authentication – Macroscopic & Microscopic (this test includes Foreign Matter)
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Please note: ARL needs 25g of sample to complete analysis.

\*GCFID – Area % can be applied to all samples with the exception of fixed oil for Terpene Profile.

\*\*Fixed oil samples must be run with GCMS – Headspace for Terpene Profile.

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

\*\*\*\*If we don't use the entirety of your sample, you are responsible for organising and paying all fees and charges to accept a return of chain of custody of any remaining sample/s.

SAMPLE NAME (this will populate on your Certificate of Analysis)	SAMPLE IDENTIFICATION NUMBER / CODE (this will populate on your Certificate of Analysis)

**3. ARL receipt of custody**

Name of SCPS / ARL staff member:		Signature:	
Date received:			

**4. Return of sample/s to client**

Name of SCPS / ARL staff member:		Signature:	
Date of return of sample/s to client:			