



**Customer:** Jack Hempicine LLC  
**Product identity:** Stem Cell CBG: Albany  
**Client/Metric ID:** .  
**Laboratory ID:** 20-001456-0001

**Sample Date:** 02/07/20

**Summary**

**Potency:**

Analyte	Result (%)		
CBG-A†	1.58		
CBG†	0.608		
CBC†	0.122		
CBC-A†	0.0381		
			THC-Total < 0.056%
			CBD-Total < 0.056%
			(Reported in percent of total sample)



**Customer:** Jack Hempicine LLC  
7744 NW Mint Ave  
Albany Oregon 97321  
United States

**Product identity:** Stem Cell CBG: Albany

**Client/Metric ID:** .

**Sample Date:** 02/07/20

**Laboratory ID:** 20-001456-0001

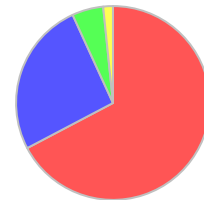
**Temp:** 21.4 °C

**Relinquished by:** Gina Erdmann

**Grower:** AG-R1040856IHG

**Sample Results**

Potency	Method J AOAC 2015 V98-6			Units %	Batch 2001344	Analyze 02/11/20 06:09 PM
Analyte	As Received	Dry weight	LOQ	Notes		
CBC†	0.122		0.0297			
CBC-A†	0.0381		0.0297			
CBC-Total†	0.155		0.0557			
CBD	< LOQ		0.0297			
CBD-A	< LOQ		0.0297			
CBD-Total	< LOQ		0.0557			
CBDV†	< LOQ		0.0297			
CBDV-A†	< LOQ		0.0297			
CBDV-Total†	< LOQ		0.0554			
CBG†	0.608		0.0297			
CBG-A†	1.58		0.0297			
CBG-Total†	2.00		0.0554			
CBL†	< LOQ		0.0297			
CBN	< LOQ		0.0297			
Δ8-THC†	< LOQ		0.0297			
Δ9-THC	< LOQ		0.0297			
THC-A	< LOQ		0.0297			
THC-Total	< LOQ		0.0557			
THCV†	< LOQ		0.0297			
THCV-A†	< LOQ		0.0297			
THCV-Total†	< LOQ		0.0554			



- CBG-A
- CBG
- CBC
- CBC-A

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP and the Pixis quality assurance plan unless otherwise noted. This report shall not be reproduced, except in full, without the written consent of this laboratory. Samples will be retained for a maximum of 30 days from the receipt date unless prior arrangements have been made.



**Abbreviations**

**Limits:** Action Levels per OAR-333-007-0400, OAR-333-007-0210, OAR-333-007-0220

**Limit(s) of Quantitation (LOQ):** The minimum levels, concentrations, or quantities of a target variable (e.g., target analyte) that can be reported with a specified degree of confidence.

† = Analyte not NELAP accredited.

**Units of Measure**

% = Percentage of sample

% wt =  $\mu\text{g/g}$  divided by 10,000

Approved Signatory

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Derrick Tanner  
General Manager



12423 NE Whitaker Way Portland OR 97230 p.503-254-1794

**Cannabis Chain of Custody Record**

Company: <b>Oregon CBD</b>		Analysis Requested							Purchase Order Number: _____				
Contact: <b>Seth Crawford</b>									Project Number: _____			Project Name: _____	
Address: <b>3395 S Pacific HWY W, Independence, OR 97351</b>		Pesticides	Potency	Residual Solvents	Water Activity	Moisture	Terpenes	Microbiology	Metals	Matrix	Weight	Comments	Cont #'s
Email: <b>seth@jackhempicene.com</b>													
Phone: <b>541-760-5419</b> Fax: _____													
Processor's License: _____													
Field ID	Date/Time Collected												
Collected By:		Relinquished By:	Date	Time	Received By:	Date	Time	Labs Use Only:					
<input checked="" type="checkbox"/> Standard 5 day <input type="checkbox"/> Rush (1.5 x Standard) <input type="checkbox"/> Priority Rush (2 x Standard) Ask About Availability		Seth Crawford	2/7/2020	11:45	[Signature]	2/7/20	11:45	Client Alias: _____	Order Number: _____				Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		[Signature]	2/7/20	1:30	[Signature]	02/07/20	13:40	<input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature <input checked="" type="checkbox"/> Shipped Via: <b>carrier</b>					

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM



## Oregon Department of Agriculture HEMP SAMPLING AND TESTING REQUEST FORM

### INSTRUCTIONS FOR COMPLETING THIS FORM:

- All sampling and testing must be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for  $\Delta 9$  tetrahydrocannabinol (THC) content (hereinafter, Laboratory) or the Oregon Department of Agriculture (ODA).
- The current list of licensed and accredited laboratories may be found at: <https://oda.direct/hemp>. A laboratory must appear on **both licensure and accreditation lists** and may only perform sampling and/or testing according to their accreditation. The list may also be found by searching on the OHA website for “accredited cannabis labs”.
- Hemp grown under an ODA registration, including industrial hemp grown for agricultural hemp seed, must be sampled and tested for the purpose of ensuring that the crop contains an average THC concentration not exceeding 0.3 percent on a dry weight basis, as required by ORS 571.300 to 571.315; and OAR 603-048.
- Sampling must be in accordance to OAR 603-048-0600, and occur no more than four (4) weeks (28 days) prior to harvest. Laboratories may only sample plants with flowers when the purpose of the harvest lot is to produce flower. If no flowering plants are present, laboratories must reschedule the sampling for a later date when flowering plants are present.
- YOU MUST LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- Complete one copy of the “Harvest Lot Sampling Request Description” (page 3 of this document) for *each* harvest lot as defined by OAR 603-048-0010 (13). A **Harvest Lot** means:
  - a. Means a quantity of industrial hemp harvested within a distinct timeframe that is:
    - A. Grown in one contiguous field or growing area; or
    - B. Grown in a portion or portions of one contiguous field or one growing area.
  - b. Does not include a quantity of industrial hemp comprised of industrial hemp grown in noncontiguous fields, noncontiguous growing areas.
- “**Harvest Lot Identifier**” means a unique numerical identifier that begins with the name of the grow site, then the year of harvest, and then a unique number to identify the harvest lot. **Example.** If the grow site name is Field 1 and the grower plans to cultivate two harvest lots in the 2019 calendar year, the following are appropriate harvest lot identifiers: Field 1-2019-001 and Field 1-2019-002
- To request sampling and testing, submit a complete copy of this Hemp Sampling Request Form:
  - To a licensed and accredited laboratory of your choice according to the laboratory’s procedures for requesting sampling; OR
  - To request ODA sampling and testing, submit the form to [hempstestreports@oda.state.or.us](mailto:hempstestreports@oda.state.or.us).



**Hemp On-Site Sampling Form**  
Laboratory Use Only

**INSTRUCTIONS FOR COMPLETING THIS FORM:**

- Sampling may only be performed by a laboratory licensed by the Oregon Liquor Control Commission (OLCC) under ORS 475B.560 and accredited by the Oregon Health Authority (OHA) pursuant to ORS 475B.565 to sample and test for Δ9 tetrahydrocannabinol (THC) content (hereinafter, Laboratory) pursuant to a complete Hemp Sampling and Testing Request Form.
- IT IS NECESSARY TO LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- The Laboratory must complete a Harvest Lot On-Site Sampling Description (page 2 of this Form) for *each* harvest lot as defined by OAR 603-048-0010 (13). The form must accompany the sample to the laboratory.
- The Laboratory must map/sketch each harvest lot at the time and date of sampling to show the location of the grow area as well as the **sampling pattern**. The Laboratory may supplement the description with photographs. The description and depiction must be sufficient such that the growing area of the harvest lot is apparent from a visual inspection of the premises and is easily discernable from other harvest lot growing areas.

Laboratory Name: PIXIS

Sampler Name (Printed): Gina Erdmann

Date: 2/7/20 Time Sampling Started: 11:20 AM Time Sampling Completed: 11:45

Number of Harvest Lots Sampled: 1

Registered Grower Name: Oregon CBD Eric Crawford

Registered Grower Business Name: \_\_\_\_\_  
(if applicable)

Representative (present at the time of sampling) [Signature]

**AGREEMENT**

The harvest lot(s) described in the Harvest Lot On-Site Sampling Description(s) included with this form accurately reflect the harvest lot location(s) and description(s) and the sampling conducted by the sampler. The Registered Grower agrees to the sampling as described in the attached Descriptions.

Eric Crawford  
Registered Grower Representative Signature  
Name:

Gina Erdmann  
Sampler Signature  
Name:



**Hemp Pre-Harvest THC  
Report**  
Laboratory Use Only

**INSTRUCTIONS FOR COMPLETING THIS FORM:**

- This form is only to be used for reporting  $\Delta 9$  Tetrahydrocannabinol ( $\Delta 9$  THC) in pre-harvest tests of hemp as required by ORS 571.300 to 571.315; and OAR 603-048.
- IT IS NECESSARY TO LEGIBLY COMPLETE EVERY SECTION OF THIS FORM. Incomplete or illegible forms shall be returned and shall not be accepted until deficiencies are corrected.
- Complete a copy of this report for each harvest lot as defined by OAR 603-048-0010 (13). The form must be submitted to the ODA at [hempstereports@oda.state.or.us](mailto:hempstereports@oda.state.or.us) and to the grower who submitted the request for testing.
- 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:** PIXIS Labs

**Secondary Laboratory Testing:** n/a  
(if applicable)

**Indicate if this is:** (Check One) First Test  Second Test  Third Test

**Registered Grower Name:** Jack Hempicine LLC

**Registered Grower Business Name:** Oregon CBD  
(if applicable)

**Registration Number:** AG-R1040856JHG

**Grower Phone:** 541-760-6419 **email:** seth@jackhempicine.com



Revision #: 0.00 Control : CFL-D06  
Revision Date: 05/31/2019 Effective Date: 05/31/2019

**Laboratory Quality Control Results**

**J AOAC 2015 V98-6** **Batch ID: 2001344**

**Laboratory Control Sample**

Analyte	Result	Spike	Units	% Rec	Limits	Evaluation	Notes
CBDV-A	0.0419	0.04	%	105	85.0 - 115	Acceptable	
CBDV	0.0402	0.04	%	100	85.0 - 115	Acceptable	
CBD-A	0.0414	0.04	%	104	85.0 - 115	Acceptable	
CBG-A	0.0421	0.04	%	105	85.0 - 115	Acceptable	
CBG	0.0402	0.04	%	101	85.0 - 115	Acceptable	
CBD	0.0415	0.04	%	104	85.0 - 115	Acceptable	
THCV	0.0414	0.04	%	104	85.0 - 115	Acceptable	
THCVA	0.0419	0.04	%	105	85.0 - 115	Acceptable	
CBN	0.0414	0.04	%	104	85.0 - 115	Acceptable	
THC	0.0434	0.04	%	109	85.0 - 115	Acceptable	
D8THC	0.0390	0.04	%	97.6	85.0 - 115	Acceptable	
CBL	0.0418	0.04	%	104	85.0 - 115	Acceptable	
CBC	0.0421	0.04	%	105	85.0 - 115	Acceptable	
THCA	0.0428	0.04	%	107	85.0 - 115	Acceptable	
CBCA	0.0403	0.04	%	101	85.0 - 115	Acceptable	

**Method Blank**

Analyte	Result	LOQ	Units	Limits	Evaluation	Notes
CBDV-A	<LOQ	0.03	%	< 0.03	Acceptable	
CBDV	<LOQ	0.03	%	< 0.03	Acceptable	
CBD-A	<LOQ	0.03	%	< 0.03	Acceptable	
CBG-A	<LOQ	0.03	%	< 0.03	Acceptable	
CBG	<LOQ	0.03	%	< 0.03	Acceptable	
CBD	<LOQ	0.03	%	< 0.03	Acceptable	
THCV	<LOQ	0.03	%	< 0.03	Acceptable	
THCVA	<LOQ	0.03	%	< 0.03	Acceptable	
CBN	<LOQ	0.03	%	< 0.03	Acceptable	
THC	<LOQ	0.03	%	< 0.03	Acceptable	
D8THC	<LOQ	0.03	%	< 0.03	Acceptable	
CBL	<LOQ	0.03	%	< 0.03	Acceptable	
CBC	<LOQ	0.03	%	< 0.03	Acceptable	
THCA	<LOQ	0.03	%	< 0.03	Acceptable	
CBCA	<LOQ	0.03	%	< 0.03	Acceptable	

**Abbreviations**

ND - None Detected at or above MRL  
RPD - Relative Percent Difference  
LOQ - Limit of Quantitation

**Units of Measure:**

% - Percent



Revision #: 0.00 Control : CFL-D06  
Revision Date: 05/31/2019 Effective Date: 05/31/2019

**Laboratory Quality Control Results**

J AOAC 2015 V98-6		Batch ID: 2001344							
Sample Duplicate		Sample ID: 20-001456-0001							
Analyte	Result	Org. Result	LOQ	Units	RPD	Limits	Evaluation	Notes	
CBDV-A	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBDV	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBD-A	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBG-A	1.58	1.58	0.03	%	0.296	< 20	Acceptable		
CBG	0.608	0.618	0.03	%	1.68	< 20	Acceptable		
CBD	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THCV	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THCVA	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBN	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
THC	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
D8THC	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBL	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBC	0.122	0.122	0.03	%	0.560	< 20	Acceptable		
THCA	<LOQ	<LOQ	0.03	%	NA	< 20	Acceptable		
CBCA	0.0381	0.0380	0.03	%	0.241	< 20	Acceptable		

**Abbreviations**

- ND - None Detected at or above MRL
- RPD - Relative Percent Difference
- LOQ - Limit of Quantitation
- NA - Calculation Not Applicable given non-numerical results

**Units of Measure:**

% - Percent



Explanation of QC Flag Comments:

Code	Explanation
Q	Matrix interferences affecting spike or surrogate recoveries.
Q1	Quality control result biased high. Only non-detect samples reported.
Q2	Quality control outside QC limits. Data considered estimate.
Q3	Sample concentration greater than four times the amount spiked.
Q4	Non-homogenous sample matrix, affecting RPD result and/or % recoveries.
Q5	Spike results above calibration curve.
Q6	Quality control outside QC limits. Data acceptable based on remaining QC.
R	Relative percent difference (RPD) outside control limit.
R1	RPD non-calculable, as sample or duplicate results are less than five times the LOQ.
R2	Sample replicates RPD non-calculable, as only one replicate is within the analytical range.
LOQ1	Quantitation level raised due to low sample volume and/or dilution.
LOQ2	Quantitation level raised due to matrix interference.
B	Analyte detected in method blank, but not in associated samples.
B1	The sample concentration is greater than 5 times the blank concentration.
B2	The sample concentration is less than 5 times the blank concentration.