Health Canada Santé Canada

Industrial Hemp Licence Management: THC Test Result Report Form

Industrial Hemp THC Test Result Report	
Name of licence holder:	**Licence number:**
Name of competent laboratory: ☐ Original lab report attached	

Variety/Germplasm name or number	Sample I.D.	THC test result (% weight/weight)	Date planted	Date sampled	Laboratory test report date

I hereby attest that:

i) All of the information in this report and any attached documents are correct and complete to the best of my knowledge.
ii) If this report is submitted on behalf of a corporation, cooperative, or partnership, I, being one of its officers, directors, or partners, have the authority to bind the corporation, cooperative, or partnership.

Licence holder signature:	Printed name:	Date: