

CONSENT FOR THE SALE OR TRANSFER OF MARIHUANA PRODUCT

Please initial next to the test category to indicate testing has NOT been performed on the product. Prior to the sale or transfer of marihuana product by the provisioning center authorized to use this form, the licensee must have the registered qualifying patient or registered primary caregiver sign as indicated below.

_____ Total Chromium (for a period of 45 days starting 11/29/18)

_____ Aspergillus spp. (for a period of 45 days starting 11/29/18)

_____ Moisture content including water activity

_____ Potency analysis (THC, THC-A, CBD, CBD-A)

_____ Foreign matter inspection

_____ **Microbial Screening** (Total Viable Aerobic & Bile Tolerant GN bacteria, Total Yeast & Mold, Total Coliforms, Pathogenic strains of E. coli & Salmonella spp.)

_____ Mycotoxin screening (Aflatoxin B1, B2, G1, G2)

_____ Chemical residue (Department published list)

_____ Metals screening (Arsenic, Cadmium, Lead, Mercury)

_____ Residual solvents levels (Department published list)

Please provide the product information.

By signing below, the registered qualifying patient or registered primary caregiver, acknowledges that the marihuana product has not been tested in compliance with all the testing requirements as prescribed by the Act and the Administrative Rules and consents to the sale or transfer of the untested marihuana product.

Patient/Caregiver Signature

Date

Provisioning Center Representative

Date

Facility Name

License Number