

## CONSENT FOR THE SALE OR TRANSFER OF MARIHUANA PRODUCT

Please initial next to the test category to indicate testing has 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.

\_\_\_\_\_ **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 Emergency Rules filed May 30, 2018, and consents to the sale or transfer of the untested marihuana product.**

\_\_\_\_\_  
Patient/Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provisioning Center Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
License Number