

## CONSENT FOR THE SALE OR TRANSFER OF MARIJUANA PRODUCT

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

\_\_\_\_\_ **Total Chromium**

\_\_\_\_\_ **Aspergillus spp.**

\_\_\_\_\_ **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, I consent to receive the above marijuana product that has not been tested as required by the Medical Marijuana Facilities Licensing Act, MCL 333.27101 *et seq.*, and the Administrative Rules, R 333.201 *et seq.* I acknowledge that the use of untested marijuana products may lead to adverse reactions or worsen existing health conditions and such products are used at a patient's own risk. I understand that a patient or caregiver may take marijuana products to be tested at a state-licensed safety compliance facility and a list of those facilities can be found by visiting [www.michigan.gov/BMR](http://www.michigan.gov/BMR) or by calling 517-284-8599.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

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

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