

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
USDA DOMESTIC HEMP PRODUCTION PROGRAM
LABORATORY TEST RESULTS REPORT

Hemp laboratory test data shall be reported to the U.S. Department of Agriculture (USDA) in accordance with 7 CFR Part 990. USDA Domestic Hemp Production Program. Laboratories providing testing services for producer hemp samples for the Domestic Hemp Production Program shall use this reporting instruction and template. The data shall be submitted to USDA using a digital format comparable with USDA's information sharing systems, whenever possible. If this is not possible, this report may be submitted to the following:

By Mail:	Or via Email at:	Or via Fax at:
USDA/AMS/Specialty Crops Program Hemp Branch 470 L'Enfant Plaza S.W. Post Office Box 23192 Washington, D.C. 20026	FarmBill.Hemp@usda.gov	(202) 720-8938

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the 7 CFR Part 990 Domestic Hemp Program (Program). The purpose of collecting this information is for USDA to administer the Program and the information provided on this form will be used to monitor Program participants. Failure to provide the information requested on this form may result in ineligibility to participate in the Program.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB 0581-0318. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

AMS-22 (XX/XXXX)
Exp: XX/XXXX

Laboratory_ Name	Laboratory_ City	Laboratory_State	Laboratory_DEA Registration_#		Producer_ID	Producer_ Name	Producer_ Street	Producer_City	Producer_ State	Lot_ID	Testing_ Date	Results_ Reported _Date	Test	Result_ % THC	Measurement Uncertainty	Pass_ Fail

Add additional rows if necessary.

Column Heading	Field Description	Instructions on Field Format and Values
Producer_ID	This field is the license or authorization identifier of the producer the sample and test result is attributed to.	Use the producer's license or authorization number as assigned by the State, Indian Tribe, or USDA.
Producer_Name	This field is the name of the producer that the sample and test result will be attributed to.	Producer names should match the name associated with the license or authorization number as assigned by the State, Indian Tribe, or USDA.
Producer_Street	This field is the street address of the producer.	Building Number, Street Name, Street Type is given its own column to facilitate electronic management and analysis of data.
Producer_City	This field is the city of the producer.	City is given its own column to facilitate electronic management and trend analysis of data.
Producer_State	This field is the state of the producer.	State is given its own column to facilitate electronic management and trend analysis of data.
Laboratory_Name	This field is the name of the laboratory issuing the test result.	Use the laboratory name associated with the DEA registration number.
Laboratory_City	This field is the city of the laboratory issuing the test result.	City is given its own column to facilitate electronic management and trend analysis of data. This data facilitates differentiation between facilities under a corporation name.
Laboratory_State	This field is the state of the laboratory issuing the test result.	State is given its own column to facilitate electronic management and trend analysis of data. This data facilitates differentiation between facilities under a corporation name.
Laboratory_DEA registration	This field is the DEA registration number of the laboratory issuing the test result.	This should match the format (alpha-numeric) provided by the DEA.
Lot_ID	This field is the identifier of the lot represented by the sample.	Use the identification number (alpha, numeric, or combination) provided on the sample form. Exercise consistency throughout entering and reporting of these values (i.e., general formatting of data entered should be the same throughout all cells of this column--spacing, underscoring, symbols, capitalization, font, font size) and ensure that lot numbers can be sorted in order.

Testing_Date	This field is the date the sample is tested by the laboratory.	Use a consistent format (i.e., YYYYMMDD)
Result_Reported_Date	This field is the date the result is reported to the producer by the laboratory.	Use a consistent format (i.e., YYYYMMDD)
Test	This field is to identify if the result is of the initial test or a re-test.	Report as “Initial” or “Re-test”
Result_% THC	This field is the quantified concentration of THC determined by the laboratory.	Report percent (%) THC on a dry weight basis to the nearest ten thousandth, or 4 decimal places (Ex. .3999) “Percentage of THC on a dry weight basis means the percentage of THC, by weight, in a cannabis item (plant, extract, or other derivative), after excluding all moisture from the item.
Measurement Uncertainty	This field is to identify the measurement uncertainty of the hemp test.	Report measurement uncertainty as a percent (%) + or - to the nearest ten thousandth, or 4 decimal places (Ex. .3999) The measurement uncertainty is parameter associated with the accuracy of a result, which is the interval around the value of the measurement that characterizes the dispersion of the values.
Pass_Fail	This field is to identify if the hemp sample passes or fails the definition of the law to be called hemp.	Report as “Pass” or “Fail” Pass equates to “delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis + or – the measurement uncertainty” Fail equates to “concentration level of THC on a dry weight basis of higher than 0.3 percent + or – the measurement uncertainty”