



Registration #: _____

PLANTING			
LOT IDENTIFICATION FORM MUST BE SUBMITTED WITHIN THIRTY (30) DAYS OF COMMENCEMENT OF PRODUCTION & ATTACHED TO THIS REPORT. THIS SECTION MUST BE COMPLETED WITHIN THIRTY (30) DAYS OF PLANTING IN THE FINAL PLANTING AREA.			
VARIETY	DATE(S) OF PLANTING	DATE OF REPORT	
LOT ID (as listed on LOT ID form)	ORIGIN OF SEED OR PROPAGULES		
SIZE OF PLANTING <input type="checkbox"/> ACRE <input type="checkbox"/> SQ FT	<input type="checkbox"/> LABEL, COA, OR INVOICE ATTACHED		
ADDITIONAL NOTES (including any moves or replant, if applicable)			
SAMPLING			
SAMPLING MUST BE COMPLETED WITHIN FIFTEEN (15) DAYS PRIOR TO HARVEST AND FOLLOW MDA PROTOCOL.			
SAMPLE ID	CERTIFIED SAMPLER NAME		
DATE OF SAMPLE COLLECTION	TIME OF SAMPLE COLLECTION	SAMPLER CERTIFICATION #	
DATE OF DELIVERY/SHIP	TIME OF DELIVERY/SHIP	CARRIER ESTIMATE OF ARRIVAL	
IF COLLECTED, STORAGE LOCATION OF DUPLICATE SAMPLE			
TESTING			
ALL CERTIFICATES OF ANALYSIS FOR REGULATORY TESTING MUST BE INCLUDED WITH THIS REPORT, AND SUBMITTED TO MDA AS REQUIRED.			
NAME OF LABORATORY	<input type="checkbox"/> ISO 17025 <input type="checkbox"/> DEA	PHONE	
ADDRESS	CITY	STATE	
COMPLIANCE TEST RESULTS			
<input type="checkbox"/> First sample arrived at laboratory and was usable for testing		<input type="checkbox"/> First sample lost in transit or unusable for testing (details included in notes) <input type="checkbox"/> Duplicate sample was already collected and retained, sent to laboratory <input type="checkbox"/> Unharvested lot was resampled with MDA written approval	
ANALYSIS ID (from lab)	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	DATE OF TEST	
RETEST (IF APPLICABLE)			
DATE OF REQUEST FOR RETEST	DATE OF NOTIFICATION TO MDA		
ANALYSIS ID (from lab)	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	DATE OF RETEST	
ADDITIONAL NOTES (optional)			

This report is not submitted to the Department unless requested.

All reports must be maintained for three (3) years after the date of activity, and will be reviewed upon inspection.



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HARVEST		
THIS SECTION MUST BE COMPLETED WITHIN THIRTY (30) DAYS OF HARVEST OR DISPOSAL/DESTRUCTION.		
IF UNHARVESTED: <input type="checkbox"/> This lot was <i>voluntarily disposed of</i> ; a reasoning and description of the disposal method is provided below. <input type="checkbox"/> This lot was issued an <i>order of destruction</i> and a destruction report is attached.	DATE(S) OF HARVEST	DATE OF REPORT
SIZE OF HARVESTED AREA <input type="checkbox"/> ACRES <input type="checkbox"/> SQ FT	AMOUNT & UNIT OF HARVESTED MATERIAL	
IF HARVEST OCCURED BEFORE TEST RESULTS RETURNED, STORAGE LOCATION(S) OF HARVESTED MATERIAL:		
STORAGE LOCATION(S) OF VIABLE SEED RETAINED FROM THIS LOT: If applicable		
ADDITIONAL NOTES (including any voluntary disposal notes)		
ADDITIONAL CROP NOTES (optional)		
SALES NOTES (optional)		
IF ANY VIABLE SEED OR PROPAGULES ARE SOLD, A PERMIT AND A DISTRIBUTION AND SALES REPORT ARE REQUIRED.		

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