



General Instructions for Hemp Sample Submission

1. The UDAF Laboratory must perform cannabinoid testing for products registered in the State of Utah. However, any lab can perform all other tests required for product registration; see [R66-35](#) and [R66-31](#) for details.

2. Fees per sample:

Cannabinoids*	\$77.00	Microbial Life*	\$132.00	Mycotoxins*	\$143.00
Foreign Matter*	\$17.00	Pesticides*	\$176.00	Terpenes	\$121.00
Heavy Metals*	\$121.00	Residual Solvents*	\$121.00	Contact lab for rush service availability (additional \$60 per test)	

*Denotes tests included in a full panel for \$787, add optional Terpenes test for \$908 total

3. Complete the Hemp Sample Submission Form and ensure all information is accurate and legible. Use Adobe Acrobat Reader to fill out the form digitally for full functionality.

4. Products sent for product registration testing must be in their **final form**. Ensure the batch number and product description are on the sample packaging (handwritten is acceptable).

a. A minimum of **2 g per sample** is required for cannabinoid testing. If additional testing is requested, submit a minimum of 10 g per sample.

5. There are two options for sample delivery:

a. Ship via carrier (FedEx or UPS preferred)

i. Damaged products will not be accepted for testing.

ii. Include a copy of the sample submission form in the package and ship to:

Department of Agriculture and Food
Unified Laboratory Services Module II
4451 South 2700 West, Third Floor
Salt Lake City, UT 84129

iii. Notify the UDAF laboratory in advance with the package tracking number via email to udaflabs@utah.gov. Please include “Hemp product sample submission” in the subject line of the email.

b. Drop off at the UDAF Laboratory during drop-off hours

i. Notify the laboratory of your intent to drop off samples via email to udaflabs@utah.gov. Please include “Hemp product sample drop-off” in the subject line of the email.

ii. The laboratory is located at:

[Department of Agriculture and Food, Third Floor](#)
[Unified Laboratory Services Module II](#)
4451 South 2700 West
Salt Lake City, UT 84129

Enter through the **East side** of the building (closest to the freeway).

iii. Drop-off hours are Monday through Friday, **8:00 AM to 3:00 PM**, excluding holidays. Samples must be received by laboratory staff and may not be left in the lobby.

6. Turnaround time is 7-10 business days after the sample is received, but can vary based on the tests requested and the current laboratory sample load.

7. Results will be sent via email to the listed reporting contact on the form. Please do not send payment with your sample submission. An invoice will be sent to the listed billing contact on a monthly basis.

8. Contact the laboratory at (801) 816-3840 with any questions regarding sample submission.



HEMP SAMPLE SUBMISSION FORM

Unified State Lab - Utah Department of Agriculture and Food
4451 South 2700 West, 3rd Floor, Taylorsville, UT 84129-8600
(801) 816-3840 | udaflabs@utah.gov

Request RUSH testing - additional \$60 fee per test per sample will apply. Please consult laboratory for availability.

CUSTOMER INFORMATION	BILLING INFORMATION <input type="checkbox"/> Same as Customer Information	SHIPPING/DELIVERY INFORMATION
Company Name	Company Name	<input type="checkbox"/> Hand Delivered <u>OR</u> <input type="checkbox"/> Shipped via Carrier: <input type="checkbox"/> FedEx Tracking #: _____ <input type="checkbox"/> UPS Tracking #: _____ <input type="checkbox"/> Other Tracking #: _____
Reporting Contact Information	Billing Contact Information	
Attn: _____ Address: _____	Attn: _____ Address: _____	
E-mail: _____ Phone: _____	E-mail: _____ Phone: _____	
		LAB USE ONLY
		Received Time/Date: _____
		Received By: _____

SAMPLE INFORMATION					TESTS REQUESTED <small>*Denotes tests included in a full panel</small>								LAB USE ONLY		
Product Registration	R&D	Batch #	Sample Description	Sample Quantity	Cannabinoids*	Full Panel	Foreign Matter*	Microbial Life*	Pesticides*	Heavy Metals*	Residual Solvents*	Mycotoxins*	Terpenes optional	Gross Weight (g)	Lab Sample #
					\$77/ea	\$787/ea	\$17/ea	\$132/ea	\$176/ea	\$121/ea	\$121/ea	\$143/ea	\$121/ea		
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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By signing, I confirm the accuracy and the completeness of the information provided, and acknowledge that the associated costs for all testing requested will be invoiced to the listed billing contact.					Submitted by: _____			Signature: _____					Date: _____		

LAB USE ONLY		
Received by: _____	Received Time/Date: _____	Signature: _____
Reviewed by: _____	Reviewed Time/Date: _____	Signature: _____