

## Extract Intake Questionnaire

**Samples must be in discrete packaging**

<b>Content:</b>	
Your first name:	PP# (if established):
Email:	OK to leave message?
Strain name(s):	(Sativa) (Hybrid) (Indica)
Made with: (All parts) (Close trim) (Flowers)	(Wet) (Dry) (Organic)
Collection screens:	City/County
Cost recovery needed:	Quantity available:

<b>Process:</b>	
Extraction source:	Filtration used:
Processing facility: (indoor) (outdoor)	Gloves worn:
Processing bags cleaned:	Surfaces sanitized:
Animal exposure:	If so, was it checked for hair:

<b>Finishing:</b>
Drying technique:
Processing technique:

<b>STAFF USE ONLY:</b>	
Touch:	Smell:
Naked eye:	Microscopic:
Estimated % purity:	Visible contaminants:

### **Quality Assurance Contract:**

By signing below I affirm that I have answered all of the questions above truthfully and to the best of my knowledge. I also affirm that the cultivation site/collective that produced this medicine is in full compliance with local & state laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_