



South Carolina
DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

HEMP FARMING PROGRAM SAMPLE REQUEST FORM

This report is due for every field or indoor area planted. This report is due 15 days prior to anticipated harvest or destruction. Following the submission of this form, a SCDA inspector will schedule an appointment to collect sample(s). No harvest or destruction is authorized until you receive approval in writing from SCDA. Submit completed form to hempforms@scda.sc.gov.

Permit Holder _____ Permit # _____

Farm Address _____ Permittee's USDA FSA Site ID # _____

City, State, Zip _____ Preferred Lab & Method of Delivery _____

County _____ Indoor or Outdoor Facility _____

Phone _____ Email _____

Please be advised: SCDA Inspector(s) may only take samples from the Growing Sites set forth on this Sample Request Form. SCDA Inspector(s) may not take samples from additional locations at the Permitted Farmer's request after SCDA Inspector(s) is already on-site.

SCDA will not complete sample preparation as part of the sample collection process. Samples will be placed in a non-air tight paper bag to encourage air flow, but SCDA will not dry, cure, ground, mill, or otherwise prepare the sample. Laboratories chosen by farmers should be those capable of meeting USDA's compliance testing guidelines and shall accept unprepared samples.

Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Acres / Square Feet in this Harvest	Primary Harvest (Grain, Fiber, Floral)	Expected Initial Harvest Date	Expected Completion Date (NO MORE than 15 days later)	Will this be a complete harvest for this plot?*
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**If this is not a complete harvest or if all harvests are not represented on this form, future harvests must be reported on additional forms.*

Note that you are prohibited from co-mingling or moving your harvest from its storage location until you have received acceptable test results.

By signing my name below, I attest that I am the permit holder and am authorized to submit this form, and that this information is accurate and complete.

Signature _____ Date _____

FOR SCDA INTERNAL USE ONLY

Permit Holder _____ Grower Permit # _____

Collector Name _____ Collector Signature _____

Date Received _____ Lab Sample ID _____

Additional Equipment _____

Phone _____ Email _____

Complete this Chain of Custody form for each sample. Multiple samples can be listed on one form. Fill in the boxes with the appropriate information. Each time the official sample is transferred to another person the signature of the current sample custodian must be documented in the appropriate box along with the date and time.

Note: This form must always be completed and accompany the sample.

Sample Number	Date of Sample Collection	Time of Sample Collection	Location (Address) Where Sample Originated	Plot ID Where Sample Originated	Sample Description

Relinquished by (Signature)	Date & Time	Received by (Signature)	Relinquished by (Signature)	Date & Time	Received by (Signature)

**Note: Laboratories must report test results to the South Carolina Department of Agriculture using hempforms@scda.sc.gov*