South Carolina
DEPARTMENT OF AGRICULTURE
CONSUMER PROTECTION DIVISION | HEMP FARMING PROGRAM

agriculture.sc.gov

HEMP SAMPLE REQUEST FORM

This report is due for every crop planted and intended to be harvested. This report is due 15 days prior to anticipated sample collection date. 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.

Permit Holder Name _____

Farm Address _____

Home Address _____

County of Farm _____ Permit # _____ FSA # _____

Phone _____ Email _____

Check which address you would like to be used for a return address for shipping and for invoices: ☐ Farm Address ☐ Home Address

Please be advised: SCDA Inspector(s) may only take samples from the Growing Sites set forth on this Sample Request Form. SCDA Inspector(s) will not take samples from additional locations that are not indicated on page 2 of this form.

The SCDA Hemp Farming Program 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 the SCDA Hemp Farming Program will not dry, cure, ground, mill, or otherwise prepare the sample.

Note that you are prohibited from co-mingling or moving your harvest from its storage location until you have received an approved Certificate of Analysis (COA) from SCDA.

By writing my name below, I attest that I am the permit holder and that this information is accurate and complete.

Signature _____ Permit # _____ Date _____

SUBMIT FORM

Any form submitted to any other email will not be accepted.

hempforms@scda.sc.gov

Save this form to your computer first before filling out and submitting. Do not submit from an internet browser.

SUBMIT FORM CLEAR FORM

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PROGRAM
SOUTH CAROLINA DEPARTMENT OF AGRICULTURE

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

Field ID (MUST match Field ID on Planting Report)	Hemp Variety / Strain	Acres / Square Feet in this Harvest	Primary Harvest (Grain, Fiber, Floral)	Expected Initial Harvest Date (As indicated on Planting Report)	Harvest Date (Within 30 days of sample collection)	Will this be a complete harvest for this plot?*
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

FOR SCDA INTERNAL USE ONLY

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	Field ID Where Sample Originated	Variety / Strain

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

FOR SCDA INTERNAL USE ONLY

Permit Holder _____ Permit # _____

Inspector Name _____ Inspector Signature _____

Date Received From Administration _____ Lab Name _____

Phone _____ Email _____

Additional PPE Required? ☐ Yes ☐ No