



HEMP PROFICIENCY TESTING PROGRAM Application



I request to participate in the Hemp Proficiency Testing Program for the laboratory named below. As a participating laboratory, I agree to see that the analysts who analyze the proficiency samples are fully informed of the instructions provided with the samples before analysis is started. Whenever possible, the analyst who usually performs a given test will conduct the analysis on the proficiency samples.

I acknowledge our laboratory abides by our State Law for receiving and testing industrial hemp.

We will endeavor to perform as many of the analyses as possible on each of the proficiency samples and submit the results by the stated deadline. Permission is hereby granted for publication and inclusion of our results from this proficiency program in subsequent statistical analyses and reports with our laboratory identity kept anonymous.

Lab Manager Contact:

Signature: _____ Date: _____

Name (print): _____ Email: _____

Lab Name: _____

My lab would like to participate in the Ground Hemp Scheme Hemp Oil Scheme

Shipping Contact:

Name: _____

Postal Address 1: _____

Postal Address 2: _____

City: _____ State/Province: _____ Postal Code _____

Phone #: _____ Email: _____

Invoice Contact:

Name: _____ Phone: _____

Email: _____

Do you have special shipping or invoice considerations? Please list them here:

To join the program: 1) Save this form to your device 2) Fill in the form 3) Email completed form to hpt@uky.edu
After enrollment, you will have the ability to add additional contacts.