



Infused Product Intake Form

To be filled out by laboratory staff

Received Date:	Initials of Receiving Staff:
Workorder Number:	Sample Number:

Sample Name: _____

Batch Number: _____ Lot Number: _____

Type of Product:

- ☐ Edible
- ☐ Topical and/or Transdermal
- ☐ Infused Flower Product
- ☐ Inhaled Product
- ☐ Metered Dose Nasal Spray
- ☐ Pressurized Metered Dose Inhaler
- ☐ Vaginal Administration Product
- ☐ Rectal Administration Product

Expected dose amount (in mg): _____

Average unit weight (in grams): _____

Number of servings per container: _____

How is the product dosed?

- ☐ Infused
- ☐ Surface Dosed

If infused, what portion of the product is infused: _____
