



# 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: \_\_\_\_\_