Washington State Department of Agriculture

Cannabis
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Technology and Methods

Please complete each section.

Laboratory Name: _____ Completed by: _____

Parameter (Water Activity, Cannabinoids, Residual Solvents, Microbiological, Mycotoxins, Pesticides.)	**Instrument(s)** (i.e. GC-PAD. If more than one instrument type or detector is used, then place on an additional line.)	**Details** (Place any details that would help an auditor better understand your testing method.)
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