

# C70 POTENCY IN CANNABIS

## 1.0 Sample Reception

- 1.1 This PT round consists of two different samples (C70-1 and C70-2). These are each provided in duplicate 1 g identical samples (i.e., 2 x C70-1 and 2 x C70-2). They are provided in duplicate to accommodate an analytical duplicate or as a back-up for the occasion of an analytical problem.
- 1.2 Upon receipt samples are to be checked for deficiencies and stored as per your laboratory's storage protocol for this type of sample.
- 1.3 Inquiries regarding samples and their shipment may be directed to:

**Phenova**

Tel: (866) 942-2978

Email: TyG@phenova.com

**PT Canada**

Tel: (613) 233-5464

Email: programadmin@ptcanada.org

Email: kmiddlebrook@ptcanada.org

Inquiries must be made by email only. Use the enclosed Nonconformance Form (see reverse) when notifying PT Canada of a problem with the samples. Please include your PT Canada laboratory number on all correspondence.

## 2.0 General Information

- 2.1 The sample matrix is finely ground and homogenized flower matrix. Samples were sieved to <600 micrometers (#30 sieve).
- 2.2 The sample design allows subsampling and has been proven homogeneous to 200 mg.

## 3.0 Sample Analysis

- 3.1 The sample is ready to use. As these PT samples were developed using cannabis flower as a starting material, potential concentrations of the reportable analytes are estimated between 0.1 – 25 %.
- 3.2 Proceed with testing using your routine analytical method.

## 4.0 Reporting Results

- 4.1 For this PT assume 0% moisture, no dry weight adjustment is necessary when reporting results.
- 4.2 Results must be reported by midnight of the study deadline using the PT Canada web-data-entry system.
- 4.3 Results are to be reported as %.

## 5.0 Safety

- 5.1 The PT samples are designed for use by laboratory professionals familiar with cannabis samples and potentially hazardous materials.

# PT SAMPLE NON-CONFORMANCE FORM

Attn: PT non-conformances

Study Number:

ENSURE THAT SAMPLES RECEIVED MATCH REPORT FORMS

## 1 - Laboratory Information

Contact Name:

Laboratory Name

Laboratory Address

Contact Telephone #

Contact Facsimile #

Contact e-mail:

## 2 - Sample Details

Date & Time of Arrival(YYYY,MM,DD,HH:MM):

Tracking Number:

Test Groups Received (e.g. C1, C2 etc.):

Number of Boxes:

## 3 - Description of Nonconformance

## 4 - Requested Action

## 5 - PT Provider Notes