



NEW CLIENT PACKET

2021



NEW CLIENT FORM

DATE: _____

Please fill out all categories listed below

Company Name: _____ Account Advisor: _____

Company Street Address: _____

City: _____ State: _____ Zip Code: _____

Company Telephone Number: _____ Company Email Address: _____

Owner's First Name: _____ Owner's Last Name: _____

Owner's Telephone Number: _____ Owner's Email Address: _____

Other Authorized Contact Name: _____ Position: _____

Contact Telephone Number: _____ Contact Email Address: _____

License #(s): _____

(circle all that apply)

GROWER PROCESSOR DISPENSARY PRIVATE

Pick Up Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Payment Options: PAYMENT DUE BEFORE SERVICE STARTS

(circle how you will plan on paying)

CASH CREDIT CARD CHECK

Billing Contact Name: _____

Billing Telephone Number: _____ Billing Email Address: _____

How did you hear about us: _____

Would you like to include a Certus Bioscience Logo on your packaging? YES Not at this time

A 4% processing fee will be applied to all credit card transactions.



SAMPLE SUBMISSION CHECK

LICENSING

OMMA Requires a Current OMMA, OBNDD and Transport License Numbers for any Transfer of samples or products. These must have to be verified prior to transfer of samples.

MANIFEST OF INVENTORY TO BE TRANSFERRED

OMMA Requires that you have a Transport Manifest Listing all samples being transported and transferred. This will be from the originating location to the ending location and must include all Licensing Information and a detailed List of Inventory to be transferred.

CERTUS BIOSCIENCE NEW CLIENT AND INTAKE FORMS

We will need the Client Information Form and any relevant Intake Forms. (Flower, Concentrate or Ingestible).

CHAIN OF CUSTODY FORM

This will be filled out and signed by the transporter who is delivering the samples. This releases custody of the samples to an Certus Bioscience employee.

PAYMENT/CREDIT CARD AUTHORIZATION (CC AUTH)

All orders must be paid prior to the start of testing. We accept Cash, Check or Credit Card.

SAMPLE AND RESERVE SAMPLE

Flower	Concentrate	Production
10 GRAMS TOTAL SEPERATED INTO TWO CONTAINERS	6-8 GRAMS TOTAL SEPERATED INTO TWO CONTAINERS	14 GRAMS TOTAL SEPERATED INTO TWO CONTAINERS
SAMPLE SIZE NEEDED:	SAMPLE SIZE NEEDED:	SAMPLE SIZE NEEDED:
Oklahoma Compliance Package: 5g primary & 5g reserve	Oklahoma Compliance Package: 3g primary & 3g reserve	Oklahoma Compliance Package: 7g in final sellable packaging primary & 7g in final sellable packaging reserve
Fresh Frozen or Wet: 14g primary & 14g reserve	<u>Cartridges:</u> 4 carts primary & 4 carts reserve	Potency Only (representative sample): 7g Other: 7g (recommend 14g for representative sample)
Potency Only: 2g (recommend 7g) Other: 1g	Potency Only: 1g Other: 1g	Example: if you have cookies that come in a package of 2, we will need one final sellable package for the primary and one final sellable package for the reserve. The primary package should be no less than 7g and the secondary should be no less than 7g. If your product is 4g, we would need 2 packages for the primary and 2 packages for the reserve.

PRIMARY AND RESERVE SAMPLES SHOULD BE LABELED AND PACKAGED SEPARATELY INCLUDING SAMPLE NAME AND RESERVE NAME, BATCH #, LOT # AND WEIGHT.

▣ DON'T FORGET TO ASK ABOUT RESEARCH AND DEVELOPMENT

STEP ONE:

Test the Soil – Hemp was once used as a soil remediation tool. It can absorb contaminants in the soil for up to two miles from the plant's location. By registering the crop on an outdoor grow as a sensitive crop with the Oklahoma State Department of Agriculture, it prevents aerial spraying within 1 mile of the grow. You can test soil prior to planting to ensure there are no pesticides and heavy metals.

STEP TWO:

Test the Water – Almost all heavy metals we see are from well water. Test your water initially and then on a regular basis. If you treat your well water, systems may not be able to produce enough water to meet your needs. As such, it is better to test your water monthly if you source from a well so that you are ensured your entire crop isn't ruined when a filter or media goes out and you don't realize it. Treated water that was sourced from a municipal water source should not cause heavy metal failures. If you are using a municipal water source, you can find the testing results by contacting your municipality.

STEP THREE:

Ensure Product Quality – Plant your first crop from seeds obtained from a reputable vendor. Feminized seeds have a higher propensity for the plants to hermaphrodite (Hermie out). Environmental factors can also cause your plants to hermie but it is less likely if you start with good genetics.

Things to avoid:

- bad genetics – the plant comes from a line of plants that naturally create hermies for no reason, even in good growing conditions
- high stress – high temperatures, light leaks, inconsistent light schedules, as well as other types of major stress can cause a healthy plant to hermie, though some plants/strains are more susceptible than others
- letting buds over-mature – this is also known as “rodelization”; when the plant's buds have gone past maturity without being pollinated (if the grower waits too long to harvest), a female plant may make male pollen within its buds as a last ditch effort to pollinate itself and make seeds for the next generation
- chemical stimulation – by exposing a female plant to certain substances like colloidal silver or gibberellic acid during the early parts of the flowering stage, you can force any female plant to create pollen. This is how seed banks get female pollen to produce feminized seeds.

STEP FOUR:

Eliminate Chances for Contamination – Once your crop is planted, make sure you take precautions to avoid contamination. Below are steps you can take to prevent contamination such as microbials:

- Don't let visitors inside your grow room. If you want to show off your grow, have the visitor view from the doorway. Visitors from the industry will often transfer contaminants from one grow to

the next. Shoes and clothing can collect contaminants from a grow or other source and deposit them into another grow.

- Require personal protective equipment (PPE). Provide protective clothing for anyone who enters your facility to include gloves, shoe coverings, and sterile cloth coverings (disposable lab coats, etc.) . This should be sanitized daily. Gloves should be worn by all employees and changed between grow rooms as a minimum.
- Clean and disinfect your facility on a regular basis. Cleaning is the best way to prevent contaminants. If your cultivar fails for microbials and the source can't be identified, we can send a technician to your facility to help find the source.

STEP FIVE:

Ensure Product is in Sellable Form – Dry for at least 7-10 days and allow to cure for at least two weeks. If you don't dry and cure properly the moisture content may be too high to report reliable potency percentages. Also, trim your product prior to submitting for testing. Having excessive stems and water leaves in your tested product can result in significantly lower potency percentages due to the added mass of the trim and water in the sample.

STEP SIX:

Provide a Sufficient Sample – After you batch your product, select from random locations of your 10lb batch. See the SAMPLE SUBMISSION CHECK in this packet of information to ensure you are submitting the correct amount.

STEP SEVEN:

Do your research and choose the right laboratory to test your product.

RESEARCH AND DEVELOPMENT

Testing under Research and Development (R&D) gives you control over your testing. When a sample is submitted as R&D the sample will not be reported to the Oklahoma Medical Marijuana Authority until after testing has completed with passing results. If the sample is not tested under R&D, Certus Bioscience must report any failure present on the certificate within 48 hours after testing is complete.



INTAKE FORM

Flower

Company Name: _____ Total # of Samples: _____

Account Advisor: _____ Due Date: _____

Date Submitted: _____ Order #: _____

	Sample Name	Strain Name	Product Type (Cured, Trim, etc.)	Classification (Sat, Hyb., CBD)	Grow Type (Indoor/Outdoor)	Batch ID	Lot ID	Test(s) or Pkg. Requested
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

ENTER THIS ORDER AS RESEARCH AND DEVELOPMENT

By checking this box you acknowledge, providing information on this form, and releasing custody of your samples you are entering into a contract with Certus Bioscience to test your product.

By checking this box you acknowledge that there may be times we have to outsource your product for required testing to complete.

PACKAGES

Oklahoma Compliance PKG (OCP/7 day)	\$ 325.00
OCP Expedite (OCP/4 day)	\$ 420.00
Production PKG* (PP/7 day)	\$ 250.00
Production Expedite* (PP/4 day)	\$ 370.00

CUSTOM TESTING

Potency (POT)	\$ 50.00
Potency - Expedite	\$ 100.00
Terpene (TERP)	\$ 60.00
Terpene - Expedite	\$ 100.00
Microbials (MICRO)	\$ 90.00
Mycotoxins (MYCO)	\$ 80.00
Pesticides (PEST)	\$ 115.00
Heavy Metal (HM)	\$ 90.00
Residual Solvents (RS)	\$ 60.00
Foreign Material (FM)	\$ 20.00

* Production Package must have a passing CoA from Certus Bioscience on the product that was used to infuse your final product.

(Office Use Only)

Total Due: _____

Amount Received: _____

Amount Due: _____

Payment Type: (Circle One)

CASH CARD CHECK INV. _____

PAID? (Circle One) **Y** **OR** **N**



INTAKE FORM

Concentrate

Company Name: _____ Total # of Samples: _____

Account Advisor: _____ Due Date: _____

Date Submitted: _____ Order #: _____

	Sample Name	Strain Name	Product Type <small>(Dist., Rosin, etc.)</small>	Classification <small>(Sat., Hyb., Ind., CBD)</small>	Production Type <small>(BHO, etc.)</small>	Batch ID	Lot ID	Test(s) or Pkg. Requested
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

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* Production Package must have a passing CoA from Certus Bioscience on the product that was used to infuse your final product.

(Office Use Only)

Total Due: _____

Amount Received: _____

Amount Due: _____

Payment Type: (Circle One)

CASH CARD CHECK INV. _____

PAID? (Circle One) **Y** **OR** **N**



INTAKE FORM

Production

Company Name: _____ Total # of Samples: _____

Account Advisor: _____ Due Date: _____

Date Submitted: _____ Order #: _____

Sample/Strain Name	Product Type <small>(Gummy, Cookie, etc.)</small>	Classification <small>(Sat., Hyb., Ind., CBD)</small>	Servings per Container	mg per Serving	Batch ID	Lot ID	Test(s) or Pkg. Requested
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

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Heavy Metal (HM)	\$ 90.00
Residual Solvents (RS)	\$ 60.00
Foreign Material (FM)	\$ 20.00

* Production Package must have a passing CoA from Certus Bioscience on the product that was used to infuse your final product.

(Office Use Only)

Total Due: _____

Amount Received: _____

Amount Due: _____

Payment Type: (Circle One)

CASH CARD CHECK INV. _____

PAID? (Circle One) **Y** **OR** **N**



CHAIN OF CUSTODY

Company Name: _____

(for office use only) Order Number: _____ Sample Number(s): _____

RELEASED BY:

RECEIVED BY:

Printed Name:	Printed Name:
Date/Time:	Date/Time:
Location:	Location:
Signature: X	Signature: X

RELEASED BY:

RECEIVED BY:

Printed Name:	Printed Name:
Date/Time:	Date/Time:
Location:	Location:
Signature: X	Signature: X

RELEASED BY:

RECEIVED BY:

Printed Name:	Printed Name:
Date/Time:	Date/Time:
Location:	Location:
Signature: X	Signature: X

RELEASED BY:

RECEIVED BY:

Printed Name:	Printed Name:
Date/Time:	Date/Time:
Location:	Location:
Signature: X	Signature: X

RELEASED BY:

RECEIVED BY:

Printed Name:	Printed Name:
Date/Time:	Date/Time:
Location:	Location:
Signature: X	Signature: X



MANIFEST OF INVENTORY TO BE TRANSFERRED (1)

INVOICE/MANIFEST NUMBER:		ACTUAL DATE AND TIME OF DEPARTURE :	/ / --: AM -- PM
ATTACHED PAGE(S)?:	Y N	ESTIMATED DATE AND TIME OF ARRIVAL :	/ / --: AM -- PM
	# OF ATTACHED PAGE(S)?:		

SHIPPER INFORMATION

STATE LICENSE#:
TYPE OF LICENSE:
BUSINESS NAME :
BUSINESS ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NUMBER:
CONTACT NAME:

RECEIVER INFORMATION

STATE LICENSE#:
TYPE OF LICENSE:
BUSINESS NAME :
DELIVERY ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NUMBER:
CONTACT NAME:

DISTRIBUTOR INFORMATION

STATE LICENSE#:
BUSINESS NAME :
STREET ADDRESS:
CITY, STATE, ZIP CODE:
PHONE NUMBER:
CONTACT NAME:

TRANSPORT INFORMATION

DIVER'S NAME:	
OK DRIVER'S LICENSE#:	
VEHICLE MAKE:	
VEHICLE MODEL:	
VEHICLE LIC. PLATE # :	
PHONE NUMBER:	
ACTUAL DATE AND TIME OF ARRIVAL :	/ / --: AM -- PM

PRODUCT SHIPPED DETAILS

SHIPPER COMPLETES ALL THE UNSHADED COLUMNS BELOW. RECEIVER COMPLETES ALL THE SHADED COLUMNS BELOW.

TAG NUMBER (IF APPLICABLE)	ITEM NAME AND PRODUCT DESCRIPTION (INCLUDE WEIGHT AND/OR COUNT)	QTY ORD'D	QTY REC'D	UNIT COST	TOTAL COST	UNIT RETAIL VALUE	TOTAL RETAIL VALUE

See back page (2) for more space

PRODUCT REJECTION

IF PRODUCTS ARE REJECTED, PLEASE CIRCLE THE ITEMS BEING REJECTED IN THE PRODUCT SHIPPED DETAILS SECTION ABOVE.

REASON FOR REJECTION:	
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<input type="checkbox"/>	PRODUCT RECEIPT CONFIRMATION I CONFIRM THAT THE CONTENTS OF THIS SHIPMENT MATCH IN WEIGHT AND COUNT AS INDICATED ABOVE. I AGREE TO TAKE CUSTODY OF ALL ITEMS AS INDICATED RECEIVED ABOVE-AND WHICH ARE NOT CIRCLED. THE PRODUCTS CIRCLED ABOVE ARE REJECTED FOR DELIVERY AND REMAIN IN THE CUSTODY OF THE DISTRIBUTOR FOR RETURN TO THE SHIPPER AS INDICATED ON THIS FORM AND ALL ATTACHED PRODUCT DETAILS SHEET(\$),
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NAME OF PERSON RECEIVING AND/OR REJECTING PRODUCT:	X _____
SIGNATURE OF PERSON RECEIVING AND/OR REJECTING PRODUCT:	

PHONE NUMBER:
DATE SIGNED:



CREDIT CARD AUTHORIZATION FORM

Please fill out all categories listed below. Payment due before service starts.

Company Name: _____

You may cancel this authorization at any time by contacting us at 405-216-5788 during regular business hours. This authorization will remain in effect until cancelled.

CARDHOLDER INFORMATION

Cardholder Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Direct Telephone Number: _____

Company Email Address: _____

CREDIT CARD INFORMATION

Credit Card Type: MASTERCARD VISA DISCOVER CARD

Credit Card Number: _____

Expiration Month: ____ / ____ Expiration Year: ____ / ____

CVV Security Code (3 numbers on back of card): _____

I, _____, authorize Certus Bioscience to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Cardholder Signature: X _____ DATE: _____

A 4% processing fee will be applied to all credit card transactions.



MEDIA CONSENT/RELEASE FORM

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I hereby authorize Certus Bioscience to use my photo and/or information related to my experiences with Certus Bioscience. I understand this information may be used in publications, including electronic publications, audio or visual presentations, promotional literature, advertising, community presentations, and media. Certus Bioscience will disclose to me or my legal representative, where appropriate, the specific information and/or photo to be used prior to release in the social media.

My consent is freely given as a public service to Certus Bioscience, without expecting payment. I release Certus Bioscience and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, video and/or photographs.

I understand that I can revoke this release at any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Company Name: _____

Company Representative Name: _____ Account Advisor: _____

Company Street Address: _____

City: _____ State: _____ Zip Code: _____

Company Telephone Number: _____ Company Email Address: _____

Owner's First Name: _____ Owner's Last Name: _____

Owner's Telephone Number: _____ Owner's Email Address: _____

Facebook Company Profile Name: @ _____

Instagram Company Profile Name: @ _____

Signature: X _____ DATE: _____

The signature must be of a legal business entity or caregiver over the age of 18.