

## C78 WATER ACTIVITY AND % MOISTURE IN HEMP

### 1.0 Sample Reception

- 1.1 This PT round consists of two vials containing at least 3 grams each, ready for use.
- 1.2 Upon receipt samples should be stored as per your normal sample storage conditions. It is suggested that the vial be kept tightly closed to maintain moisture content.
- 1.3 Inquiries regarding samples and their shipment may be directed to:

**Phenova** 

Tel: (303) 940-0033

Email: AndreaLg@phenova.com

#### PT Canada

Tel: (613) 233-5464

Email: programofficer@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 Sample Analysis

- 2.1 The sample matrix is finely ground and homogenized hemp matrix. The sample has been sieved to <600 micrometers (#30 sieve).
- 2.2 The sample design allows subsampling and is homogeneous. It is suggested that the sample be homogenized prior to taking an aliquot.
- 2.3 The sample is ready to use. It is always best to homogenize the sample well prior to use.
- 2.4 Determine Water Activity and Percent Moisture per your normal lab procedures.
- 2.5 Refer to PAR-02 Catalogue for approximate sample concentrations.

### 3.0 Reporting Results

- 3.1 Units for reporting results are Aw for Water Activity, and % for Percent Moisture.
- 3.2 Results must be reported by midnight of the study deadline using the PT Canada web-data-entry system.

### 4.0 Safety

4.1 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:	
<u>Laboratory Name</u>	
<u>Laboratory Address</u>	
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	
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5 - PT Provider Notes	