

**Maine Adult Use of Cannabis Program**

**Research and Development Sample Transfer Manifest**

This form is provided to document the transfer of research and development samples between cultivation, manufacturing or retail licensees and testing facilities. This form must accompany the marijuana sample. All other transfers must be completed using Maine’s inventory tracking system. One copy of this form is retained by the transferring licensee and one copy retained by the receiving testing facility.

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| **Section 1: Transferring Licensee** | | | | | | |
| Facility Name | | Facility License Number | | | | |
| Facility Address | | City | | State  ME | | Zip |
| Transporting Employee Name | | Transporting Employee IIC Number | | | | |
| **Section 2: Receiving Testing Facility / Destination Information** | | | | | | |
| Facility Name | | Facility License Number | | | | |
| Facility Address | | City | | State  ME | | Zip |
| **Section 3: Description of Cannabis or Cannabis Product Being Transported** | | | | | | |
| Must include Metrc Source Package Number, Item Type, and Sample Weight (grams) or Unit(s): | | | | | | |
| **Product name** | **METRC Source Package #** | | **Item Type** | | **Sample Weight (gram) /Unit(s)** | |
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| **Section 4: Departure Information** | | | | | | |
| R&D Sample Departure Date | | R&D Sample Departure Time | | | | |
| **Section 5: Receiving Licensee Signature and Acknowledgment of Receipt** | | | | | | |
| Printed Name of Lab Employee | | Lab Employee IIC Number | | | | |
| Signature\* | | | | | | |
| Date Received: | | Time Received: | | | | |

\*Signature confirms receipt of the listed items