November 13, 2009

Dear Interested Participant,

Thank you for your interest in the Medical Cannabis Safety Council (MCSC) and its goal of creating a self regulated organization for the medical cannabis industry. This nonprofit group was formed in mid-2008 to design, implement, and self-regulate a safety-based production and delivery system for medical cannabis, from plant to patient.

To develop a framework for self-regulation, MCSC dedicated one year to research and outreach. This included hosting focus groups with patients, collective dispensaries, and producers of medical cannabis, as well as working with County and City Health Departments, cannabis researchers, pharmaceutical consultants, analytical labs, and grassroots organizations. MCSC staff studied medical cannabis regulatory systems worldwide, and reviewed models of non-profit self-regulation used in a variety of industries, including coffee, emergency rooms, electrical appliances, and socially responsible corporations (B Corps).

From this work, MCSC developed the following three areas of focus for self-regulations:

1. Safe Neighborhoods and Communities – MCSC will develop protocols safety and good neighbor regulations for collective dispensaries and medical cannabis producers,
2. Regulatory compliance – MCSC will assure participants meet all applicable local, state and federal laws, including IRS and sales tax regulations, permitting regulations, and employment laws, and
3. Safety of the medicine, - MCSC has developed a 21-point plan to standardize and self-regulate nomenclature, contaminants screening, potency monitoring, safe production methods, and to develop resources and training to educate people to meet these standards.

MCSC is now working to develop clear standards for these focus area's, while concurrently designing methods to teach and regulate compliance. In the long run, each step in the safe medical cannabis continuum will have defined standards, have training and educational methods to meet these, and will be matched with regulatory system to assure compliance.

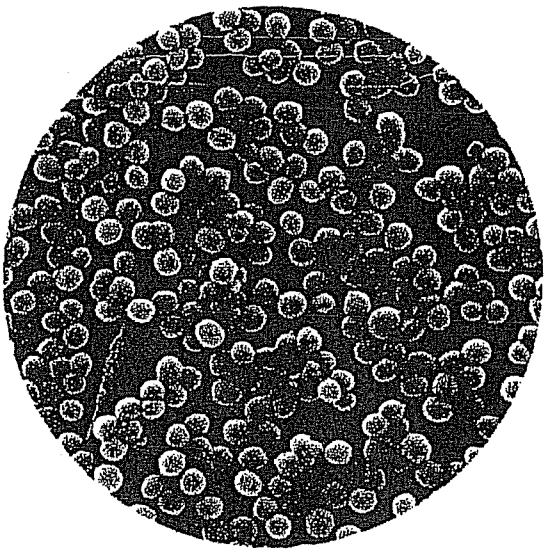
Recently, MCSC began the process of securing 501-(c)(3) tax status, and is now managed by a three-person board of directors and a small staff, currently on loan from other organizations. MCSC has six topical working groups, and professional advisors working on a variety of specialized tasks. Soon, expert panels will be convened to vet final recommended standards and regulations before they are finalized for use.

The MCSC is uniquely poised to become the self-regulatory body for the developing medical cannabis industry in the United States. Enclosed you will find sample draft materials, including a copy of the MCSC 21-point plan and other documents. You will also find information about Peace in Medicine and Berkeley Patients Group. These two dispensing collectives are not only founding members of the MCSC, but also act as development laboratories for this mission.

If you would like to donate or get involved with the MCSC, please contact me at 510-812-9538, or email debby@berkeleypatientsgroup.com.

Sincerely,
Debby Goldsberry, MCSC Director

If you could see germs, we wouldn't have to tell you.



WASH YOUR HANDS.
SANITIZE TOOLS & WORK AREAS.

Do your part to halt the spread of colds, flu, hepatitis-A, and diarrhea to patients under your care. Proper hand-washing, use of gloves & other protective equipment can reduce the risk of transmission by over 50%.

LEARN MORE. Contact us for more tips & resources.

MCSC
Medical Cannabis Safety Council

Roger LaChance
Regional Coordinator - Northern California
(510) 847-6912
rogerl@cannabissafety.org

www.cannabissafety.org

IF YOU EAT CANNABIS...

Food-based cannabis medicines affect patients differently than inhaled methods of medicating with cannabis.

Eating too much cannabis can cause extreme drowsiness, dizziness, inability to concentrate, diminished ability to focus, rapid heartbeat, increases or decreases in blood pressure, need for sleep, and feelings of euphoria.

Learn to manage your dosage effectively...

1. Begin with 1/4 of a "dose" or small portion of product
2. Wait for at least one hour and analyze the effects
3. If necessary consume another 1/4 dose or small portion
4. Wait for at least one more hour
5. If necessary, consume part or all of the remaining product.

Ensure that your dosage level is appropriate before attempting to operate heavy machinery, motor vehicles, boats, or motorcycles. Do be aware of your surroundings and possible hazards, and prepare for your needs before taking medication.

Remember: Edibles can vary greatly in potency. Products often contain multiple doses or lesser doses of medicine. Weight, metabolism, and eating habits can alter dosage effects. Taking medication on an empty stomach can intensify medicinal effects. Learn dosage management that works for you when ingesting cannabis medicine.

If you feel you have eaten too much of a food-based medicine, do not panic, your symptoms will subside within a few hours. Remain calm. Stay hydrated and eat food to help symptoms pass. Edible cannabis is safe and will not cause any long-term toxicity.

To find out more go to
www.CannabisSafety.org,
email: contact@cannabissafety.org,
or call (510)486-8083

MCSC
MEDICAL CANNABIS SAFETY COMMISSION

The debate has long been settled: cannabis has medicinal value. The questions remain however, first, what sort of medicine is cannabis, and secondly, how should it be regulated? Much time has been spent on that second question, yet there has been very little discussion of the first. To move the medical cannabis issue forward, we need to step back for a moment. Where does medical cannabis most appropriately fit in the continuum of health-related products? On one end are traditional herbal medicines, on the other end "high pharma" prescription drugs. Over-the-counter preparations lie somewhere in-between (arguably closer to the high pharma end).

In the United States, "medicines" are formulations available through prescription or over-the-counter, specifically excluding traditional medicinal plants. Herbal products in the US are categorized legally as nutritional or dietary supplements, which are much more loosely regulated than pharmaceuticals. In the European Union, Canada, and many other countries, medicinal plants and native extracts are more openly accepted as part of complementary and alternative medicine, and as such are more stringently regulated by their governments.

An Overview

Historically in the US medical cannabis movement, patients and advocates have approached cannabis as "high-pharma" prescription medicine in terms of seeking approval for medical use – cf. the Alliance for Cannabis Therapeutics and its lawsuit asking for federal rescheduling. This was appropriate because technically and legally, the only substances allowed by the US to be marketed and sold as medicines were either prescription drugs or over-the-counter drugs. The notion of making cannabis as easily available as aspirin was not considered politically achievable.

While that goal seems quite modest, the actual strategy has been both incredibly time-consuming and unrewarding. Proponents have consistently won in court, yet federal officials have consistently thwarted progress. Inertial motion has kept the movement focused on this strategy, but the question is begged whether real progress has been hampered by the dead weight of history. It could be argued that widespread dissatisfaction with the traditional approach, particularly among patients, led directly to California's successful Proposition 215 which allows legal access to medical cannabis for hundreds of thousands of Californians. At least in part as a result of Prop 215's success, residents in thirteen US states now have access to medical cannabis.

It has been hoped by many that the Obama administration would be amenable to rescheduling cannabis federally though the administration has given no indication of this. The new US Attorney General has voiced support for stopping federal raids and respecting existing state laws; only time will tell if this was policy or politics.

That being said, the Administration has also made clear that currently there are no plans to reschedule at the federal level and that President Obama is opposed to outright cannabis legalization. Meanwhile, several more states are considering whether to allow patients access to medical cannabis. Thus, the time seems right to look afresh at the national strategy for advancing medical cannabis and possibly exploring a new direction: approaching cannabis as the medicinal herb it has been for thousands of years.

Herbs in the US

Traditional herbs and herbal remedies – whole plant medicines, to use the MCSC's preferred terminology – are regulated in the US by the Food and Drug Administration under the Nutritional Labeling and Education Act of 1990 and the Dietary Supplement Health and Education Act of 1994. Though they are accepted as part of complementary and alternative medicine, within the US these substances cannot be marketed as or even called "medicines."

According to a review of possible regulatory schemes for medicinal herbs and other "dietary supplements" published by the National Academies Press in 2005, "The term dietary supplement: 1. means a product (other than tobacco) intended to supplement the diet that bears or contains one or more of the following dietary ingredients: 1. a vitamin; 2. a mineral; 3. an herb or other botanical; 4. an amino acid; 5. a dietary substance for use by man to supplement the diet by increasing the total dietary intake; or 6. a concentrate, metabolite, constituent, extract, or combination of any ingredient described in clause (A), (B), (C), (D), or (E).
"Dietary supplements are further defined as products that are labeled as dietary supplements and are not represented for use as a conventional food or as a sole item of a meal or the diet. Supplements can be marketed for ingestion in a variety of dosage forms including capsule, powder, softgel, gelcap, tablet, liquid, or, indeed, any other form so long as they are not represented as conventional foods or as sole items of a meal or of the diet (FDCA, as amended, §402)."
http://books.nap.edu/openbook.php?record_id=10882&page=6
"Dietary Supplements: A Framework for Evaluating Safety," National Academies Press, 2005.
http://www.nap.edu/catalog.php?record_id=10882, last accessed June 3, 2009.

Generally in the case of nutritional herbs, "Under the provisions of the Dietary Supplement Health and Education Act (DSHEA), dietary supplements are to be considered as foods and assumed safe unless the Food and Drug Administration (FDA) has evidence that the supplement or one of its ingredients presents "a significant or unreasonable risk of illness or injury" when used as directed on the label or under normal conditions of use. Since the FDA is not authorized to require or impose premarket safety evaluations for dietary supplement ingredients marketed for use in the United States before October 15, 1994, FDA itself must monitor safety data and gather and assess existing information on safety to determine if a significant or unreasonable risk is present."
"Dietary Supplements: A Framework for Evaluating Safety"
http://books.nap.edu/openbook.php?record_id=10882&page=85, last accessed June 3, 2009.

Use of medicinal herbs in the US has been growing rapidly. The Centers for Disease Control reported that "In 2007, almost 4 out of 10 adults had used CAM therapy in the past 12 months, with the most commonly used therapies being nonvitamin, nonmineral, natural products (17.7%) and deep breathing exercises (12.7%). American Indian or Alaska Native adults (50.3%) and white adults (43.1%) were more likely to use CAM than Asian adults (39.9%) or black adults (25.5%). Results from the 2007 NHIS found that approximately one in nine children (11.8%) used CAM therapy in the past 12 months, with the most commonly used therapies being nonvitamin, nonmineral, natural products (3.9%) and chiropractic or osteopathic manipulation (2.8%)." (Barnes, Patricia M., MA, et al., "Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007," National Health Statistics Reports, Centers for Disease Control, Number 12, Dec. 10, 2008).
http://nccam.nih.gov/news/camstats/2007/camuse.pdf, last accessed June 3, 2009.

(The CDC explained that "Nonvitamin, nonmineral, natural products are taken by mouth and contain a dietary ingredient intended to supplement the diet other than vitamins and minerals. Examples include herbs or herbal medicine (as single herbs or mixtures), other botanical products such as soy or flax

products, and dietary substances such as enzymes and glandulars. Among the most popular are echinacea, ginkgo biloba, ginseng, feverfew, garlic, kava kava, and saw palmetto. Garlic, for example, has been used to treat fevers, sore throats, digestive ailments, hardening of the arteries, and other health problems and conditions." *Ibid.*)

(Interestingly – perhaps because of resistance to CAM on the part of the US government and institutional western medicine in general – many people are unwilling to disclose their use of medicinal herbs even to their physicians: "Analyses of the 2002 National Health Interview supplement on complementary and alternative medicine (NHICAM) indicate that approximately 38 million adults in the US (18.9% of the population) used natural herbs or supplements in the preceding 12 months, but only one-third told their physician about this use." (Kennedy, Jae, et al., "Patient Disclosure about Herb and Supplement Use among Adults in the US," Evidence-based Complementary and Alternative Medicine, Vol. 5, No. 4, pp. 451-456.)
http://ecam.oxfordjournals.org/cgi/content/full/5/4/451, last accessed June 3, 2009.)

According to the NAS: "Consumer interest in health and self-care has expanded the market for a wide range of products, including dietary supplements. Total sales of dietary supplements have grown to over $18 billion per year. As with conventional foods, when used as recommended, many dietary supplements are probably safe. However, increased use of supplements and the broad spectrum of products that qualify as dietary supplements as defined by the Dietary Supplement Health and Education Act of 1994 (DSHEA) make the determination of risk to the health of the consumer, a sizeable task. In addition, the limitations imposed by DSHEA—that the Food and Drug Administration (FDA) determine what is unsafe without requiring that specific information on safety be presented by manufacturers prior to marketing or that manufacturers submit to the FDA any reports they have received on serious adverse events associated with dietary supplement use—serve to make the safety regulation of dietary supplements a sizeable challenge."
"Dietary Supplements: A Framework for Evaluating Safety"
http://books.nap.edu/openbook.php?record_id=10882&page=1, last accessed June 3, 2009.

It should be noted that the American Herbal Products Association for example rejects the notion that herbal products are lightly regulated. As noted on their website, "Unfortunately, some uninformed writers have published statements that infer that the entire supplement industry is unregulated. Although this unfortunate "fact" has been broadly reported, it is absolutely false. While the details noted above provide some response to this misrepresentation, perhaps the most compelling refutations are in the form of statements made by Dr. Jane Henney, the former Commissioner of FDA. In testimony before Congress in 1999,(22) Dr. Henney stated that "FDA has tools at its disposal to take enforcement actions against dietary supplements found to have safety, labeling, or other violations...," and also that she believes that current law "...provides FDA with the necessary legal authority to protect the public health." This view has been echoed by every FDA Commissioner since, including the current Commissioner, Andrew von Eschenbach, MD, who testified during a Congressional hearing in 2006, "DSHEA provides FDA the authority to take action against supplements that are dangerous or otherwise adulterated. DSHEA also gives FDA authority to take action against supplements that make unsubstantiated claims or are otherwise misbranded.""
http://www.ahpa.org/Default.aspx?tabid=70, last accessed June 3, 2009.

Pharmaceutical Regulation in the US

Pharmaceutical and over-the-counter medications on the other hand face a relatively high level of scrutiny. According to the NAS, "Unlike dietary supplements, premarket approval of new drugs places the burden of proof regarding safety on the manufacturer rather than on FDA. The evaluation of new

drugs, new uses for approved drugs, and classification of OTC drugs is an intensive interactive process that evaluates both safety and efficacy. Manufacturers that want to develop and market a new drug must follow the FDA approval process that is modeled on a risk-benefit approach. Approval of a new drug requires extensive studies of the chemistry, manufacturing, and controls of the drug, toxicology and pharmacology of the compound in animals, and clinical trials of effectiveness and safety in humans. The timeframe and resources for this process are extensive (21 C.F.R. § 300 [2001]).
"A key initial step in the drug approval process is submission by the manufacturer of an Investigational New Drug (IND) application to FDA. The IND is a large collection of information that enables FDA to review the safety of the substance before clinical testing in humans is allowed to begin. The IND describes the ingredients, synthesis, manufacturing, purity, and microbiology of the drug product, as well as the stability, packaging, and labeling. Also included in the IND are data from rodent and nonrodent animal studies, such as pharmacokinetic and pharmacodynamic data from animal studies, genotoxicity studies, carcinogenicity studies, reproductive and teratogenic studies, and other toxicological data. When available, the application also includes published or unpublished human data. Because these data help FDA determine whether the human testing process will be allowed to proceed, the manufacturer also provides protocols outlining the Phase I, II, and III clinical studies it plans to conduct. After the IND is submitted, FDA has 30 days to review its content. If FDA does not contact the sponsor within that time, the proposed Phase I study may begin (21 C.F.R. § 312 [2001])."
"Dietary Supplements: A Framework for Evaluating Safety"
http://books.nap.edu/openbook.php?record_id=10882&page=312, last accessed June 3, 2009.

It is quite interesting to note that under current US law, medicinal herbs could potentially be labeled as drugs and brought under FDA control. The Congressional Research Service in a 2001 report noted that "when Congress passed the Federal Food, Drug, and Cosmetic Act of 1938, it made a significant change in the way drugs would be characterized under the law.18 With the 1938 amendments, the definition of drug was broadened so that the term would include not only substances that were intended to cure, mitigate, or prevent disease, but also any "articles" intended to affect the structure or function of the human body. Once Congress made these changes in the statute, almost any substance whose pharmacological action was intended to affect the structure or function of the human body in some way, could be deemed to be a drug by FDA for regulatory purposes.19 The definition has remained the same ever since, and under current law, the term drug means:
"articles recognized in the official United States Pharmacopeia, official Homeopathic Pharmacopeia of the United States, or official National Formulary; ... and articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and articles (other than food) intended to affect the structure or any function of the body of man or other animals; and articles intended for use as a component of any articles specified in
[these] clauses."
"The US Drug Approval Process: A Primer," Congressional Research Service, June 1, 2001, pp. CRS4-5.
http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/RL30989.pdf, last accessed June 3, 2009.

The CRS further noted that "Sometimes an item that is usually not considered a drug can become one if it is used in a way that affects the structure of the body of man. For example, common toothpaste, which would ordinarily be defined as a cosmetic since it can "cleanse, beautify, or promote attractiveness," can also be regulated as a drug when the product contains fluoride and is labeled and promoted for reducing tooth decay."
Ibid., p. CRS5.
http://www.law.umaryland.edu/marshall/crsreports/crsdocuments/RL30989.pdf, last accessed June 3, 2009.

This was borne out in May 2009, when the US Food and Drug Administration sent a warning letter to General Mills, stating that "Based on claims made on your product's label, we have determined that your Cheerios® Toasted Whole Grain Oat Cereal is promoted for conditions that cause it to be a drug because the product is intended for use in the prevention, mitigation, and treatment of disease."
http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/ucm162943.htm, last accessed June 5, 2009.

Pharmaceutical Regulation in the European Union

The European Union has a stringent pharmaceutical approval process. Stuart Schweitzer, a professor of health services at UCLA, observed that "One way in which the performance of Europe's EMEA [European Medicines Agency] can be assessed is in terms of the time it takes to approve new drugs. The speed of approval was a particularly contentious issue decades ago when it was alleged that the US FDA was too slow in approving new products, thereby forcing American patients to wait too long for new pharmaceuticals. In 1996 Schweitzer and colleagues demonstrated that every country was slow in approving some drugs, and that the United States was not systematically slow in granting new drug approvals. Redmond (2004) analyzed the length of regulatory approval in Europe and the United States for new cancer drugs and found that the EMEA is consistently slower than the US FDA in approving these products."
Schweitzer, Stuart O., Pharmaceutical economics and policy, Oxford University Press US, 2007, p. 246.

Pharmaceutical Regulation in Canada

In Canada, pharmaceuticals and all other drugs are regulated by the Therapeutic Products Directorate. According to that country's health services agency, Health Canada: "Health Canada's TPD is the national authority that regulates, evaluates and monitors the safety, efficacy, and quality of therapeutic and diagnostic products available to Canadians. These products include drugs, medical devices, disinfectants and sanitizers with disinfectant claims."
"How drugs are reviewed in Canada," Health Canada, Aug. 2001.
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/reviewfs_examenfd-eng.php, last accessed June 3, 2009.

The Canadian system is reportedly less stringent than the US's. The Canadian Medical Association Journal noted in 2005: "Although the FDA's drug approval process is, on paper, more stringent than Canada's, the US expert advisory committees that review drug companies' data have been dogged with individual conflicts of interest, Wiktorowicz [Associate Professor Mary Wiktorowicz, York University School of Health Policy and Management] says. There is a small pool of experts on particular drugs, and it's difficult to find any who have not been involved in the clinical trials under review, or who have not been paid by the same pharmaceutical company for other trials."
"Eggertson, Laura, "Drug approval system questioned in US and Canada," CMAJ, Feb. 1, 2005; 172(3).
http://www.cmaj.ca/cgi/content/full/172/3/317, last accessed June 3, 2009.

Medicinal Herbs Outside the US

At the same time, the European Union, Canada, and even the World Health Organization are well ahead of the US in regulation and mainstreaming of CAM and herbal medicines. Part of this is acquiescence to reality: The WHO reports that "In some Asian and African countries, 80% of the population depend on traditional medicine for primary health care. In many developed countries, 70% to 80% of the population has used some form of alternative or complementary medicine (e.g. acupuncture)."
World Health Organization, "Traditional medicine: Key facts"

http://www.who.int/mediacentre/factsheets/fs134/en/, last accessed June 3, 2009.

In the EU, according to the European Commission Enterprise and Industry:
"In general, EU legislation on pharmaceutical products for human use also applies to traditional herbal medicines.
"However, in order to overcome difficulties encountered by Member States a simplified registration procedure has been introduced in the Community code relating to medicinal products for human use for traditional herbal medicinal products.
"The introduction of the simplified registration procedure aims to safeguard public health, remove the differences and uncertainties about the status of traditional herbal medicinal products that existed in the past in the Member States, and facilitate the free movement of such products by introducing harmonised rules in this area."
http://ec.europa.eu/enterprise/pharmaceuticals/herbal/herbal_en.htm, last accessed June 3, 2009.

The EU has established a Committee on Herbal Medicinal Products. According to the European Commission:
"The Committee on Herbal Medicinal Products (HMPC) was established in September 2004, replacing the CPMP Working Party on Herbal Medicinal Products. The Committee was established in accordance with Regulation (EC) No 726/2004 and Directive 2004/24/EC, which introduced a simplified registration procedure for traditional herbal medicinal products in EU Member States.
"The HMPC's activities aim at assisting the harmonisation of procedures and provisions concerning herbal medicinal products laid down in EU Member States, and further integrating herbal medicinal products in the European regulatory framework.
"As part of these objectives, the HMPC provides EU Member States and European institutions its scientific opinion on questions relating to herbal medicinal products. Other core tasks include the establishment of a draft 'Community list of herbal substances, preparations and combinations thereof for use in traditional herbal medicinal products', as well as the establishment of Community herbal monographs."
http://www.emea.europa.eu/htms/general/contacts/HMPC/HMPC.html, last accessed June 3, 2009.

In Canada, herbal medicines are regulated by that nation's health and social services agency. Importantly, as Health Canada notes, "Natural health products, such as vitamin and mineral supplements and herbal products, for which therapeutic claims are made are also regulated as drugs."
"How drugs are reviewed in Canada," Health Canada, Aug. 2001.
http://www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/fs-fi/reviewfs_examenfd-eng.php, last accessed June 3, 2009.

Specifically, medicinal herbs are regulated by the National Health Products Directorate: "As part of the Health Products and Food Branch of Health Canada, the Natural Health Products Directorate (NHPD) is the regulating authority for natural health products for sale in Canada. Our role is to ensure that Canadians have ready access to natural health products that are safe, effective and of high quality while respecting freedom of choice and philosophical and cultural diversity."
http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/hpfb-dgpsa/nhpd-dpsn/index-eng.php, last accessed June 3, 2009.

Again, widespread interest in and use of medicinal herbs seems to be driving the Canadians to take this subject seriously: "A recent survey shows that 71% of Canadians regularly take vitamins and minerals, herbal products, homeopathic medicines and the like -- products that have come to be known as natural health products (NHPs)."
http://www.hc-sc.gc.ca/dhp-mps/prodnatur/index-eng.php, last accessed June 3, 2009.

The Canadians take a holistic approach to medicinal herbs, regulating to assure quality and safety as well as controlling marketing practices: "Natural Health Products Regulations include provisions on: definitions, product licensing, site licensing, good manufacturing practices, clinical trials, labelling and packaging requirements, and adverse reaction reporting."
http://www.hc-sc.gc.ca/dhp-mps/prodnatur/about-apropos/glance-apercu-eng.php, last accessed June 3, 2009.

Concluding Thoughts: A Third Way?

This report is meant to raise, not answer, a basic question: What sort of medicine is cannabis? The answer to that question provides the context for our efforts to develop a set of appropriate guidelines for health, safety, labeling/packaging, marketing, etc. The medical cannabis movement since its inception followed a path toward getting cannabis approved as a "high pharma" drug. Has the dead weight of history hampered progress? Populist factions of the medical cannabis movement, dissatisfied with business as usual, sparked successful rebellions in state after state beginning in California. In 2009, even states like New Jersey appear poised to approve medical cannabis laws. It is time for a thorough rethink of current strategy.

In some regards, neither high pharma nor the US's current approach to herbs appear to be appropriate for cannabis. While there are thousands of medicines which are or contain derivatives or extracts from natural plants, there are no whole-plant medicines in the US which are prescribed drugs. Cannabis is a medicinal herb, as are St. John's wort, ginseng, and echinacea. It is also a powerful drug, so getting a recommendation from a medical professional seems appropriate. Regarding medicinal herbs, while the AHPA will disagree, the NAS report on herbal medicines found that current regulations are lax and that tougher standards and actual regulations are necessary – the sort of regulations which Canada and the European Union have adopted or toward which they are moving. For the US this would in one sense mean an entirely new approach toward herbal medicines, yet in another sense it would mean finally getting in step with the rest of the world.

BIO-ASSAY SHEET: INGESTIBLE

Name:	Date/time:
NAME OF MEDICINE:	

Circle how you rate the medicine from 1-6 full Stars:

• Taste:	1	2	3	4	5	6
• Potency:	1	2	3	4	5	6
• Appearance:	1	2	3	4	5	6
• Packaging	1	2	3	4	5	6

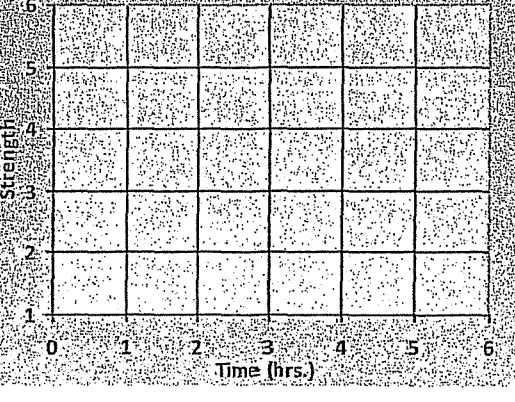
Describe how the medicine made you feel at each time point:

0:30	1:00	1:30
2:00	2:30	3:00
3:30	4:00	4:30

Other Notes (Check if Applicable):

What would you pay for this per dose?	
Did you eat this on an empty stomach?	
Was there a list of ingredients/ weight of med?	
Estimated dosage?	
Was there mostly a body effect?	
Was there mostly a mental effect?	

Draw a line showing the potency over time:



BIO-ASSAY SHEET: FLOWERS

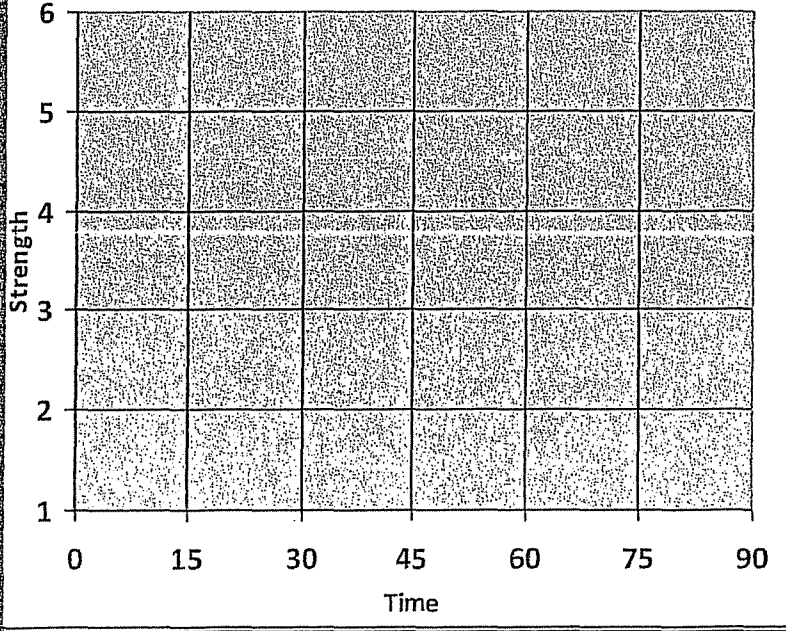
Ref #	Date:	Initials:
NAME OF MEDICINE:		

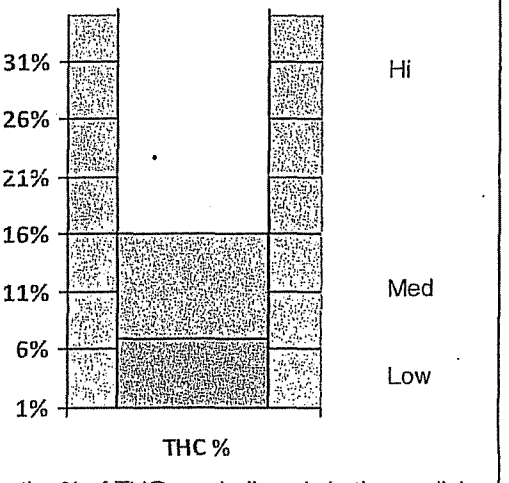
Organoleptics :

• Taste:	1	2	3	4	5	6
• Odor:	1	2	3	4	5	6
• Appearance (trim, structure, resin):	1	2	3	4	5	6
• Density (1=fluffy, 6=dense):	1	2	3	4	5	6
• Dryness (1=wet, 6=dry):	1	2	3	4	5	6

Taste		Smell		Describe effect:
Sweet	Savory	Sweet	Savory	(uplifting, sedative, etc.)
Salty	Sour	Salty	Sour	
Bitter		Bitter		
Specific Flavor:		Specific Flavor:		

POTENCY SECTION: Draw a line indicating how strong you felt the medicine was over time.





Write the % of THC you believe is in the medicine

Additional Questions		
	Your best guess on what strain the sample is:	
	Signs of Rot/Mold/bug damage/light burn/WPM?	
	Did the medicine taste flushed?	
	Method of Consumption:	
	If smoked, did it burn well?	

BIO-ASSAY SHEET: CONCENTRATES

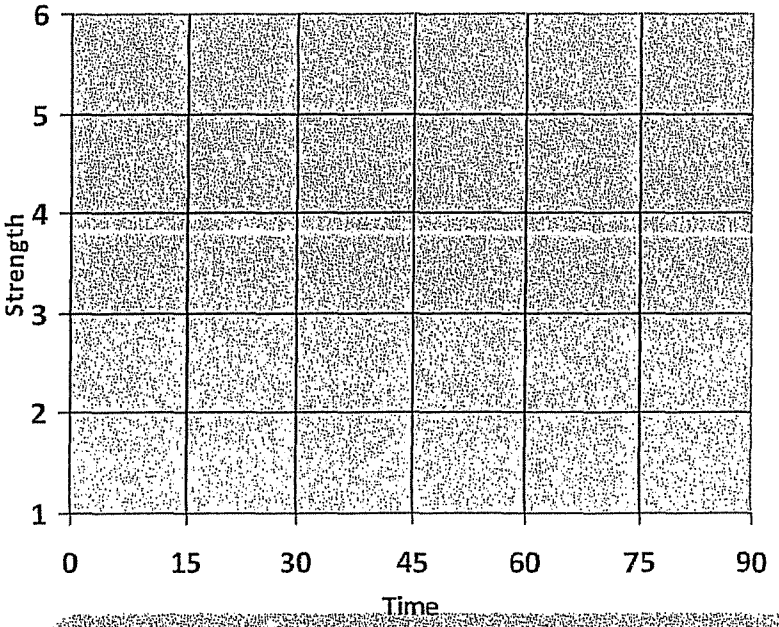
Reference #:	Date:
NAME:	

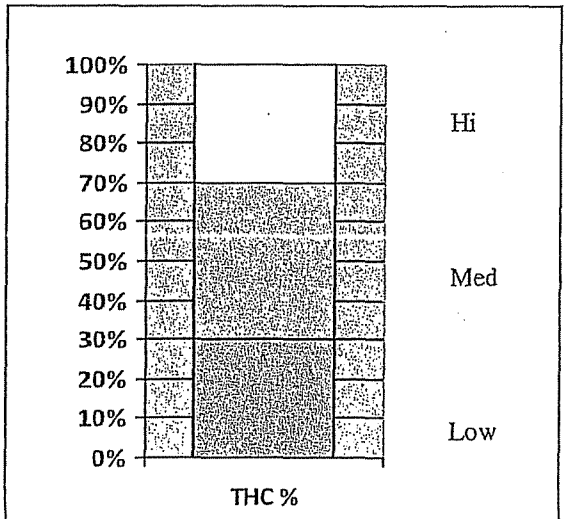
Organoleptics: Rate the medicine from 1-6 full Stars:

• Taste:	1	2	3	4	5	6
• Smell:	1	2	3	4	5	6
• Potency:	1	2	3	4	5	6
• Appearance:	1	2	3	4	5	6
• Burn (1)- Melt (6):	1	2	3	4	5	6

Taste		Smell		Describe effect:
Sweet	Savory	Sweet	Savory	(uplifting, sedative, etc.)
Salty	Sour	Salty	Sour	
Bitter		Bitter		
Specific Flavor:		Specific Flavor:		

POTENCY: Draw a line indicating how strong you felt the medicine was over time.





Write the % of THC you believe is in the medicine in the corresponding box

Your best guess on what strain the sample is:	
Signs of moisture/mold/mildew?	
Did the medicine taste flushed?	
Method of Consumption:	

Berkeley Patients Group

Herbal Medicine Intake and Evaluation Sheet Guide

1. General Information Section
    a. Name of Strain- write the name of the strain and the cross
    b. Collective member number- a unique code that represents a patient/caregiver collective member in order to track a specific batch of medicine
    c. Medicine Tracking Number- standardized number that tracks this specific stain of medicine grown by the specific collective member
    d. Batch number- represents how many and which GROW CYCLE a collective member has brought to the collective.
    e. Series letter- represents which unit of a batch a collective member has brought to the collective.
    f. Picture file number- a unique number composed of collective member number, Medicine tracking number, batch number and series number.
    e.g. Collective member number= 123, medicine tracking number= 34, batch number= 4, series letter= C, then the picture file number is 123.34.4C
    g. Zip of Origin- record where the medicine came from so that we can trace the safety of the soil and other safety factors.
2. Medicine intake manager section
    a. If you see ANY evidence of mold, mildew, pests, nutrient toxicity, pesticides or other contaminates, check the YES box and explain how much (in grams) or number of pests you found.
        i. Safe level of mold< 7g/lb (or 98% by weight clean)
        ii. Safe level of mildew<3 individual spots seen on different pieces(shows widespread)
        iii. Safe level of Pests< 3 individual spots of infestation seen on different pieces(shows widespread)
        iv. Nutrient toxicity: determine buy lighting a 3 different pieces of medicine. If the material immediately begins sparking and crackling, nutrient salts have built up and the medicine may be unsafe for consumption. Further investigation and methods needed.
        v. Pesticides- test yet to be determined. Food pesticide tests being investigated.
        vi. Other contaminants- include any foreign object from hair, to tortillas, to animal by-products.
        vii. Environment: write in where you BELIEVE the medicine was grown regardless of what the collective member says. Many times appointments will be misinformed or misrepresenting information. The best clues as to where the medicine was grown lay in the appearance. Greenhouse and outdoor have a more spread out appearance. There is more space between nodes and calyxes seem less swollen on average than indoor samples.
    b. Organoleptics
        i. Odor- Circle the general flavor. Rate the intensity 1-5. 1=no odor, 2=flat/plant odor, 3=some odor when a flower is broken or smashed, 4= odor noticeable when the container is opened, 5= strong odor when the container is opened.
        ii. Taste- Circle the general flavor. Rate the intensity 1-5. 1=no flavor when smoked, 2= flat/plant flavor when smoked, 3=mild flavor comes through the smoke, 4= strong flavor comes through smoke, 5= strong flavor comes through in smoke until fully burned.
        iii. Density- 1=fluffy- provides no resistance to being squeezed, 2=provides resistance to being squeezed, 3= cannot be squeezed without breaking flower bud.
        iv. Grading and appearance- 1=>15% of bag is shake or buds weighing less than .2g, 2= between 3% and 15% of the bag is shake or buds weighing less than .2g, 3= <3% of bag is shake or buds weighing less than .2g

v. Moisture content-try to snap a bud: 1= stem did not break (too wet) or calyxes crumbled upon touching (too dry), 2= stem broke but also peeled (mildly wet), 3= bud snapped perfectly.

3. Collective member section- interview the collective member and record answers
4. Compensation section- fill out Date, Quantity, Unit (gram,oz,unit), Donation/unit, Stars (suggested donation), and total due to collective member.
5. Lab report section- to be filled out by lab or synthesized from lab report
6. Quality Control Manager Section-
    a. If you see ANY evidence of mold, mildew, pests, nutrient toxicity, pesticides or other contaminates, check the YES box and explain how much (in grams) or number of pests you found.
        i. Safe level of mold< 7g/lb (98% clean)
        ii. Safe level of mildew<3 individual spots seen
        iii. Safe level of Pests< 3 individual spots of infestation
        iv. Pesticides- test yet to be determined. Food pesticide tests being investigated.
        v. Other contaminants- includes any foreign object from hair, to tortillas, to animal by-products.
        vi. See safe handling protocol for packaging of medicines.
7. Internal Bill of Lading- Whenever the medicine is moved or broken down, note the date, movement, loss and who moved it. Note the quantity and the units the medicine is being broken into.
    Ø= approximately 454 grams ± 28 grams
    ½= approximately 227 grams ± 28 grams
    Other number= write in
    Series letter= a,b,c....
    Post-processing series unit= 1,2,3...
    e.g. Ø from cabinet, ½A1, ½A2 to cabinet, processed by JS (John Smith)
8. Payment Record- Record all reimbursement received, outstanding and each party mark an initial or symbol.
9. Signature section-
    a. The medicine intake manager and collective member should sign and date at the time the collective receives the medicine.
    b. The lab manager should sign and date at the time the lab report is complete.
    c. The Quality Control Manager should sign at the all time processing is complete.
    d. The Dispensary manager should sign when all medicine has been put on the floor.
10. Bar Code space is available for digital tracking purposes.

Berkeley Patients Group

Extracted Medicine Intake and Evaluation Sheet Guide

1. General Information Section
    a. Name of Strain- write the name of the strain and the cross
    b. Collective member number- a unique code that represents a patient/caregiver collective member in order to track a specific batch of medicine
    c. Extracted Medicine Tracking Number- standardized number that tracks this specific stain of medicine grown by the specific collective member
    d. Batch number- represents how many and which GROW CYCLE a collective member has brought to the collective.
    e. Series letter- represents which run of a batch a collective member has brought to the collective.
    f. Picture file number- a unique number composed of collective member number, Medicine tracking number, batch number and series number.
    g. e.g. Collective member number= 123, medicine tracking number= 34, batch number= 4, series letter= C, then the picture file number is 123.34.4C
    h. Made from Herbal Medicine Tracking #- all extracted medicine should have a corresponding herbal medicine tracking number which links to the Medicine Cultivation report and an Herbal medicine intake form if flowers were donated as well.
2. Medicine intake manager section
    a. If you see ANY evidence of mold, mildew, pests, nutrient toxicity, pesticides or other contaminates, check the YES box and explain how much (in grams) or number of pests you found.
        i. There is no safe level of mold, mildew, and pests for extracted medicine. If there is evidence of any, do not take the medicine in.
        ii. The only way to test if the flowers used to make the extract had residual nutrients is to taste the sample. If there is an acrid, salty taste that anyone would define as the taste of dirt and there is sparking or crackling, consider not taking the medicine in because there is a good chance residual nutrients exist. Sparking/crackling could also be water, sulfate, butane or other contaminants. If some sparking occurs only after the extract has melted to a liquid completely, do not be afraid, this is most likely the THC bonds breaking. Water will also make the material very malleable. Rub some of the material between your fingers; if moisture comes off on your hands or if there is a wet, musty smell, this is also a sign of being wet. A smell of rotten eggs, in a butane product, indicates there are sulfates in the medicine.
        iii. Pesticides- test yet to be determined. Food pesticide tests being investigated.
        iv. Other contaminants- include any foreign object from hair, to tortillas, to animal by-products.
    b. Organoleptics
        i. Odor- Circle the general flavor. Rate the intensity 1-5. 1=no odor, 2=flat/plant odor, 3=some odor when material or smashed, 4= odor noticeable when the container is opened, 5= strong odor when container is opened.
        ii. Taste- Circle the general flavor. Rate the intensity 1-5. 1=no flavor when smoked, 2= flat/plant flavor when smoked, 3=mild flavor comes through the smoke, 4= strong flavor comes through smoke, 5= strong flavor comes through in smoke until fully burned.
        iii. Melt- There is a few ways to detect the melt of a hash. The first method is simple and can be done extremely cheaply. Take a metal pipe tool with a scoop. Place the extract material in the scoop. Using a torch, heat the bottom of the tool. Count how long it takes to melt while applying direct heat. Full melt=1-4 second. The second test is more standardized and is the preferred method to

rate the melt on this sheet. Weigh out .250grams of the extract (make sure to break material up into granulates so it can dissolve easily). Place inside vile. Pipette 5ml of 99%IPA into the vile. Shake for 30 seconds. Strain through a tea strainer with a 120 micron silkscreen bottom. Put on a sheet of paper for 1 minute to allow for evaporation. Take remaining material and weigh. Divide the leftover amount by the original .250grams and then subtract this amount from 1. This is a rough potency estimate. 1=1%-15%, 2=15%-30%, 3=30-60%, 4=60%-85%, 5=85%-100%

iv. Appearance/Color- 1=green, 2=brown, 3=blond, 4=amber, 5=gold

3. Collective member section- interview the collective member and record answers regardless of whether or not you believe the answers. If the intake manager disagrees with anything in the extraction section, note it.
4. Compensation section- fill out Date, Quantity, Unit (gram,oz,unit), Donation/unit, Stars (suggested donation), total due to collective member.
5. Lab report section- to be filled out by lab or synthesized from lab report
6. Quality Control Manager Section-
    a. If you see ANY evidence of mold, mildew, pests, nutrient toxicity, pesticides or other contaminates, check the YES box and explain how much (in grams) or number of pests you found.
        i. There are no safe levels of mold, mildew or pests. Note that it was found and what was seen.
        ii. See safe handling protocol for packaging of medicines.
7. Internal Bill of Lading- Whenever the medicine is moved or broken down, note the date, movement, loss and who moved it. Note the quantity and the units the medicine is being broken into.
8. Payment Record- Record all reimbursement received, outstanding and each party mark an initial or symbol.
9. Signature section-
    a. The medicine intake manager and collective member should sign and date at the time the collective receives the medicine.
    b. The lab manager should sign and date at the time the lab report is complete.
    c. The Quality Control Manager should sign at the all time processing is complete.
    d. The Dispensary manager should sign when all medicine has been put on the floor.
10. Bar Code space is available for digital tracking purposes.

Berkeley Patients Group

Edible Medicine Intake and Evaluation Sheet Guide

1. General Information Section
    a. Name of Edible Collective- e.g. "Medicine Treats"
    b. Collective member number- a unique code that represents a patient/caregiver collective member in order to track a specific batch of medicine
    c. Medicine Tracking Number- standardized number that tracks this specific type of edible product. e.g. peanut butter cookies= #137
    d. Batch number- represents all edibles made on one creation date.
    e. Series letter- represents how many times they have brought medicine from one specific batch number.
    f. Made from Herbal Medicine Tracking #- all edible medicine should have a corresponding herbal medicine tracking number which links to the Medicine Cultivation report and an Herbal medicine intake form if flowers were donated as well.
    e.g. Collective member number= 123, medicine tracking number= 34, batch number= 4, series letter= C, then the whole tracking number is 123.34.4C
2. Medicine intake manager section
    a. A sample of the trim/bud used in the cooking or used to make an extract in the cooking should be provided. Ideally the sample would be a pound but look at any sample to gain as much information as possible. Use this sample to fill out this section as well as the edible sample. If you see ANY evidence of mold, mildew, pests, nutrient toxicity, pesticides or other contaminates, check the YES box and explain how much (in grams) or number of pests you found. Explain whether it was found in the finished edible product or the raw medicine.
        i. Safe level of mold for herbal medicine< 7g/lb (or 98% by weight clean)
        ii. Safe edible medicine cannot contain any visible mold
        iii. Safe level of mildew<3 individual spots seen on different pieces (shows widespread)
        iv. Safe edible medicine cannot contain any visible mildew
        v. Safe level of Pests< 3 individual spots of infestation seen on different pieces (shows widespread)
        vi. Safe edible medicine cannot contain any visible pests
        vii. Nutrient toxicity: determine buy lighting 3 different pieces of medicine. If the material is sparking or crackling, nutrient salts have built up and the medicine is unsafe for consumption.
        viii. Pesticides- test yet to be determined. Food pesticide tests being investigated.
        ix. Other contaminants- include any foreign object from hair, to tortillas, to animal by-products.
        x. Safe edible medicine cannot contain any visible contaminants
        xi. See packaging and labeling standards to see if all conditions are met.
3. Collective member section- interview the collective member and record answers. If the Intake manager disagrees with anything in the extraction section, note it.
    Direct weight transfer explination: divide the number of grams of material used by the number of pounds of butter, oil, or other medium used. Then, divide that number by the number of tablespoons per pound (32 Tbl/lb for butter), or fluid ounces/gallon (128 fl oz/lb for oil) or whatever is the best unit of measurement for the edible. Then weigh the amount of butter, oil, etc. you will use in the recipe divided by the number of edibles created (make sure to weigh dough, batter, etc. to get even units). Multiply the grams/lb, fl oz, etc. by the Tbl, fl. Oz/unit. This should equal grams/unit.
4. Lab report section- to be filled out by lab or synthesized from lab report

5. Internal Bill of Lading- Whenever the medicine is taken, note the date, type, quantity, donation/u, stars (suggested donation- e.g. $12=1.2 stars), total due to collective member and what storage unit it went to. When it is transferred to the floor, note the date.
6. Payment Record- Record all reimbursement received, outstanding and each party mark an initial or symbol.
7. Signature section-
    a. The medicine intake manager and collective member should sign and date at the time the collective receives the medicine.
    b. The lab manager should sign and date at the time the lab report is complete.
    c. The Edible Quality Control Manager should sign at the all time evaluation/processing is complete.
    d. The Dispensary manager should sign when all medicine has been put on the floor.
8. Bar Code space is available for digital tracking purposes.

Berkeley Patients Group

Medicine Cultivation Report Guide

1. General Information Section
    a. Collective member number- a unique code that represents a patient/caregiver collective member in order to track a specific batch of medicine
    b. Herbal Medicine Tracking Number- standardized number that tracks this specific stain of medicine grown by the specific collective member
    c. Batch number- represents how many and which GROW CYCLE a collective member has brought to the collective.
    d. Picture file number- a unique number composed of collective member number, Medicine tracking number, batch number and series number.
    e.g. Collective member number= 123, medicine tracking number= 34, batch number= 4, the picture file number is 123.34.4
    e. Zip of Origin- record where the medicine came from so that we can trace the safety of the soil and other safety factors.
2. Genetic Origin Section
    a. Describe whether the medicine was started from seed or clones
    b. Describe (if known) whether the seeds were guaranteed to produce 100% females
    c. Describe where you obtained the genetic. Please write in if it is known which dispensary the clones or seeds were obtained from.
    d. Describe who produced the seeds or clones
    e. Describe what genetics were used to create the finished product
3. Environment indoor- for each stage of development (clone/seedling, grow, flower) the environment the plants were subjected to
    a. Square footage of room- describe the area the plants are grown in, not just the footprint of light they are under.
    b. CFM of intake/exhaust: Calculate and record the entire power of each your intake and exhaust in Cubic Feet per Minute.
    c. Wattage/Type bulb- describe what type of bulbs (metal halide, high pressure sodium, fluorescent, etc.) were used and how powerful each bulb was.
    d. Peak/low temp.- record the hottest and coldest temperature the plants were exposed to.
    e. Peak/low humidity- record the highest and lowest percentage of humidity the plants were exposed to.
4. Environment outdoor- for each stage of development (clone/seedling, grow, flower) the environment the plants were subjected to
    a. Conditions that might pose a risk to the crop include but are not limited to invasive pests, waste runoff, bacterial contamination, aerial spraying, livestock and wild animals.
    b. Describe when and how many inches of rain/flooding the plants were exposed to.
    c. Describe what methods were used to protect the plants from the elements and wildlife.
5. Water Quality- Describe what type of water was used to feed the plants and if any filters were used to treat it.
6. Medium- Describe what type of medium the plants were grown in and what brand of soil was used (if applicable)
7. Hydroponics- If you are using a hydroponic system, please describe what method you are employing
8. Sanitary Practices- make sure to have a set of written practices that all individuals who come into contact with the medicine (or any implement or tool that may touch the medicine) in any stage. See list of recommendations.
9. Pest Treatment section- Describe any and all treatments for pests, molds and mildews. Note the specific product as well as what you were trying to control. Check off whether the pesticide/fungicide was applied to the leaves of the

plant or fed to the roots. Most importantly, note the date the treatment was applied so that there is a record of how long the plants had to off gas the treatment.

10. Feeding Schedule- The chart is divided into the three general stages of growth of the cannabis plant. Record how long each of these stages were and what kinds of feeding schedules were used during that stage.
    e.g., I maintained 1200 ppm of Advanced Nutrients 5-part fertilizer. Because I was in a top-feeding hydro system, I fed every 30 seconds/18 hrs a day. I used this feeding schedule for the first 3 weeks of the flowering cycle. For the next 3 weeks of flowering, I maintained a 1400ppm mix of the 5-part Advanced Nutrients fertilizer feeding every 30 seconds.
11. Drying / Curing
    a. Write the date the majority of the flowers were chopped down
    b. Record the average temperature and humidity in the dying area
    c. Describe any pests/molds/mildews or other contaminants found post harvest
    d. Describe the type of container used to cure the medicine (glass jar, plastic bag, etc.)

Recommendations for maintaining Sanitary Conditions

1. Always wash your hands following county heath department guidelines before handling medicine at any stage of production
2. Use bleach or hydrogen peroxide to sanitize all equipment and the room itself between cycles
3. Do not cough, sneeze or spit on medicine at any stage of production
4. Always wear clean, sterile garments appropriate to the environment and task which you are performing
5. Keep all animals out of the grow space and processing area
6. Wear gloves when processing medicine
7. When processing keep area and medicine free of hair, food particles or any other contaminant
8. Trim onto a sanitized, non-porous surface
9. Store all medicine in sanitized containers or new plastic bags

Berkeley Patients Group

Herbal Medicine Intake & Evaluation Form

for medical use only as per CA Health & Safety Code 11362.5 and 11362.7

General Information					
Name of Medicine					
Collective Member#	Medicine Tracking#	Batch#	Series letter	Picture File #	Zip of Origin

Medicine Intake Manager			
Evidence of:	Yes	No	Explain
Mold	☐	☐	
Mildew	☐	☐	
Pests	☐	☐	
Nutrient toxicity or not flushed	☐	☐	
Pesticides	☐	☐	
Other contaminants	☐	☐	
Environment: (indoor / outdoor / greenhouse)			
Organoleptics:			1 2 3 4 5
Odor: sweet salty bitter savory sour			☐ ☐ ☐ ☐ ☐
Taste: sweet salty bitter savory sour			☐ ☐ ☐ ☐ ☐
Density: (squeeze test)			☐ ☐ ☐
Grading and appearance:			☐ ☐ ☐
Moisture content (snap test):			☐ ☐ ☐

Collective Member			
	Yes	No	Explain
Did you encounter <u>any</u> mold, mildew, pests or other contaminates?	☐	☐	
Did you use any pesticides, fungicides, or other chemical sprays?	☐	☐	Type / last used:
Do you have written sanitary practices followed by everyone in contact with the medicine?	☐	☐	

Medium:	Water Source:	Environment:

Date	Quantity	Unit	Donation/u	Stars	Total

Lab Report			
Date Received: ____/____/____	Yes	No	Explain
Total Aerobic and Anaerobic count<100CFU/g	☐	☐	
Enumeration of Coliforms<3 MPN/g	☐	☐	
Enumeration of Yeasts and Molds<100CFU/g	☐	☐	
Aflotoxins<20ppb of substance	☐	☐	
Are heavy metals at a safe level?	☐	☐	
Has a soil sample been taken?	☐	☐	
THC%:	CBD content:		
Additional Comments			

Quality Control Manager			
Evidence of:	Yes	No	Explain
Mold	☐	☐	
Mildew	☐	☐	
Pests	☐	☐	
Pesticides	☐	☐	
Other contaminants	☐	☐	
Were all safe handling protocol followed while packaging?	☐	☐	

Date	From Cabinet	To Cabinet	Processed By	Shrink	Date put on floor	Initials

Date	Received	Outstanding	Check in	Medicine Intake Manager	Collective Member

Collective Member: _____ **Date:** ___/___/____ **Quality Control Manager:** _____ **Date:** ___/___/____

Med. Intake Manager: _____ **Date:** ___/___/____ **Dispensary Manager:** _____ **Date:** ___/___/___

Lab Manager: _____ **Date:** ___/___/____

Barcode

Berkeley Patients Group

Extract Medicine Intake & Evaluation Form

for medical use only as per CA Health & Safety Code 11362.5 and 11362.7

DRAFT

General Information					
Name of Medicine					
Collective Member#	Extract Medicine Tracking#	Batch#	Series letter	Picture File #	Made from Herbal Med. Tracking#

Medicine Intake Manager			
Evidence of:	Yes	No	Explain (how much; what)
Mold	☐	☐	
Mildew	☐	☐	
Pests	☐	☐	
Nutrient toxicity/water/sulfates-sparking/cracking when burned?	☐	☐	
Pesticides	☐	☐	
Other contaminants (water, solvent, sulfur, etc.)	☐	☐	

Organoleptics:	1	2	3	4	5
Taste: sweet salty bitter savory sour	☐	☐	☐	☐	☐
Odor: sweet salty bitter savory sour	☐	☐	☐	☐	☐
Melt: (1=burn, 5=melt)	☐	☐	☐	☐	☐
Appearance / color:	☐	☐	☐	☐	☐

Collective Member			
Plant life cycle	**Yes**	**No**	**Explain**
Did you encounter mold, mildew, pests or other contaminates?	☐	☐	
Did you use any pesticides?	☐	☐	Type / last used:
Do you have written sanitary practices followed by everyone in contact with the medicine?	☐	☐	

Medium:	Water Source:	Environment:

Type of extraction: Kif coldwater butane hexane ether CO2 other:_____

Coldwater Extraction	Yes	No	Explain
Was the water filtered?	☐	☐	
Was the medicine completely dry before pressing/packaging?	☐	☐	

Solvent Extraction

Brand of Solvent / # refined:	Extraction Implement (glass, PVC, etc):	Filter type:

Off-gassing time/process (evaporated, double boiled, bath):

Date	Quantity	Unit	Donation/u	Stars	Total

Lab Report

	Yes	No	Explain
Total Aerobic and Anaerobic count<100CFU/g	☐	☐	
Enumeration of Coliforms<3 MPN/g	☐	☐	
Enumeration of Yeasts and Molds<100CFU/g	☐	☐	
Aflotoxins<20ppb of substance	☐	☐	
Are heavy metals at a safe level?	☐	☐	
Has a soil sample been taken?	☐	☐	
THC%:	CBD content:		
Additional Comments			

Quality Control Manager

Evidence of:	Yes	No	Explain
Contaminants (mold, mildew, hair, etc.)	☐	☐	
Were all safe handling protocol followed while packaging?	☐	☐	

Date	From Cabinet	To Cabinet	Processed By	Shrink	Date put on floor	Initials

Date	Received	Outstanding	Check in	Medicine Intake Manager	Collective Member

Collective Member: _____ **Date:** ___/___/____ **Quality Control Manager:** _____ **Date:** ___/___/____

Med. Intake Manager: _____ **Date:** ___/___/____ **Dispensary Manager:** _____ **Date:** ___/___/___

Lab Manager: _____ **Date:** ___/___/____

Barcode

Medicine Cultivation Report

for medical use only as per CA Health & Safety Code 11362.5 and 11362.7

General Information- OFFICE USE ONLY

Collective Member#	Herbal Med. Tracking #	Batch#	Picture File #	Zip of Origin

Genetic Origin

Started from: Seed ☐ Clone ☐	Seeds: feminized ☐ non-fem ☐	Obtained from: mother ☐ dispensary ☐_____ other ☐_____
Name of Strain:	Breeder/Catalog/Company Name:	Lineage (cross of what):

Environment- Indoor/Greenhouse

	Clone/Seedling	Grow	Flower
Square footage of room:			
CFM of intake/exhaust:			
Wattage/type bulb:			
Peak/low temp in room:			
Peak/low humidity in room:			

Environment- Outdoor

	Clone/Seedling	Grow	Flower
Describe any/all condition in or near the growing environment that might pose a safety risk to the crop:			
Describe any/all crop exposure to rain or flooding:			
Describe any/all methods used to protect the crop from pests and animals:			

Water Quality:

Water Source: Well ☐ Municipal ☐ other ☐_____	Filtration Method: Reverse-Osmosis ☐ Distilled ☐ None ☐ Other ☐_____

Medium:

What type of medium was used (check all that apply)?

Rockwool ☐ Coco Fiber ☐ Hydroton ☐ Vermiculite/Perlite ☐ Soil Brand: ☐_____ Other: ☐_____

Hydroponics:

What type of hydro system was used (check all that apply)?

Recirculating ☐ Drain to waste ☐ Top feeding ☐ Ebb and flow ☐ Aeroponics ☐ Other: ☐_____

Sanitary Practices:

	Yes	No	Explain
Do you have procedures for sanitary handling of all medicine and equipment enforced on all persons that came in contact with the medicine? (a list of recommendations is available)	☐	☐	
Were all equipment, tools, and containers, rooms, etc. that came in contact with the medicine kept sanitary?	☐	☐	
Was the processing performed in a sanitary manner and place?	☐	☐	

Describe all pesticides/fungicides/etc. (organic or not) used during the life cycle of the plant:

Type or Brand and Product:	Treated for: (e.g. spider mites or mold)	Application to:	# of days last used before harvest:
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	
		Foliar☐ Medium☐	

Describe all nutrients/additives/amenities etc. used during each cycle of the plant's life:

Brand and Product:	Amount (fed/plant) or ppm of reservoir:	Application cycle: (e.g. every day or every 30 seconds)	Feeding Schedule used from
Clone/Seedling Stage			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
Growth Stage			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
Flower			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
			Day#________ to Day#________
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Drying / Curing:	
Date harvested:	
Avg. temp / humidity of drying area:	
Signs of pests/molds/mildews/other contaminates post harvest:	
Type of container used for storage/curing:	

Collective member's signature

I affirm all of the above is true____ **Date:** ______/______/______

Medicine Intake Manager ____ **Date received:** ______/______/______

Barcode

Berkeley Patients Group

Edible Medicine Intake & Evaluation Form

for medical use only as per CA Health & Safety Code 11362.5 and 11362.7

General Information				
Name of Edible Collective			**Type of Edible** Drink Baked Good Tincture / Butter / Salve Capsule / Lozenge other_____	
Collective Member #	Edible Medicine Tracking#	Batch#	Series letter	Made from Herbal Med. Tracking#

Medicine Intake Manager			
	Yes	**No**	**Explain**
Mold	☐	☐	
Mildew	☐	☐	
Pests	☐	☐	
Nutrient toxicity or not flushed	☐	☐	
Pesticides	☐	☐	
Other contaminants	☐	☐	
Packaging/labeling standards met?	☐	☐	

Collective Member			
Plant Life Cycle	**Yes**	**No**	**Explain**
Did you encounter mold, mildew, pests or other contaminates up to packaging?	☐	☐	
Did you use any pesticides?	☐	☐	Type / last used:
Do you have written sanitary practices followed by everyone in contact with the medicine?	☐	☐	

Medium:	Water Source:	Environment:

Contains: trim buds kif coldwater butane hexane ether CO2 alcohol other:_____

Types of strain used:

Medicine in: Butter Margarine Vegetable Oil Simple syrup Glycerin Alcohol_____ other_____

THC% or Direct Weight Transfer:	Creation date / expiration date:	Allergen/special handling information:
List of all ingredients:		

Coldwater Extraction	**Yes**	**No**	**Explain**
Was the water filtered?	☐	☐	
Was the medicine completely dry before pressing/packaging?	☐	☐	

Solvent Extraction

Brand of Solvent / # refined:	Extraction Implement (glass, PVC, etc):	Filter type (coffee, silkscreen, etc):
Off-gassing time/process (evaporated, double boiled, bath):		

Lab Report			
Date Received: _____/_____/_____	**Yes**	**No**	**Explain**
Total Aerobic and Anaerobic count<100CFU/g	☐	☐	
Enumeration of Coliforms<3 MPN/g	☐	☐	
Enumeration of Yeasts and Molds<100CFU/g	☐	☐	
Aflotoxins<20ppb of substance	☐	☐	
Are heavy metals at a safe level?	☐	☐	
Has a soil sample been taken?	☐	☐	If yes, tested safe? Yes☐ No☐

THC% of final product:	CBD content of final product:
Additional Comments	

Date	Type	Quantity	Donation per u	Stars	Total	to	on floor	Initials
						Backup Fridge ☐ Long term Backup ☐ Freezer ☐		
						Backup Fridge ☐ Long term Backup ☐ Freezer ☐		
						Backup Fridge ☐ Long term Backup ☐ Freezer ☐		
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Date	Received	Outstanding	Check in	Medicine Intake Manager	Collective Member

Collective Member: ____________ **Date:** ___/___/___ **Edible QC Manager:** ____________ **Date:** ___/___/___

Med. Intake Manager: ____________ **Date:** ___/___/___ **Dispensary Manager:** ____________ **Date:** ___/___/___

Lab Manager: ____________ **Date:** ___/___/___ **Barcode**