

Hardship Subcontracting Request Form

Pursuant to Administrative Order No. 4, an Independent Testing Laboratory (ITL) must request approval to subcontract certain compliance tests by submitting a completed Hardship Subcontracting Request Form. The form must detail the ITL's inability to conduct a full compliance panel and include supporting documentation to substantiate its hardship. Hardship refers to temporary circumstances that would result in an ITL becoming incapable of performing certain required tests. The ITL shall not begin any subcontracted testing until receiving approval from the Cannabis Control Commission (Commission).

The Commission shall only approve subcontracting agreements when the originating ITL is incapable of performing certain required tests due to a hardship relative to its facilities, instrumentation, personnel, or required consumable materials, or in the event of an actual or potential conflict of interest. For more information, please refer to the Commission's Administrative Order No. 4 FAQ.

Instructions

For an ITL to receive approval to begin subcontracted testing, it must submit a completed Hardship Subcontracting Request Form signed by an authorized representative of the ITL. All required information and supporting documentation must be combined into a single PDF document and submitted to Testing@CCCMass.com, and cc the assigned ITL lead.

The originating ITL may only subcontract with one (1) other ITL at a time. All test samples received during or held by the originating ITL at the beginning of the approved hardship period must be tested by the sub-contracting ITL for the test(s) the originating ITL is incapable of performing.

The originating ITL that receives a Test Sample Package from a Licensee for compliance panel testing must generate the final complete COA for all the test sample results reported and identify the subcontracting ITL for any tests it performed.

The Commission may amend this form and administrative process as necessary. When compiling a submission, please utilize the most recent version available at:
<https://masscannabiscontrol.com/public-documents/forms-templates/>.

ITL Information

1. Requesting ITL (Name & License #):

2. Name and business email address of the ITL's authorized representative:

3. Anticipated start date for the subcontracted ITL testing services:

4. Anticipated end date to resume full compliance testing operations:

5. Subcontracted ITL Name and License #:

6. Name and business email of the subcontracted ITL's authorized representative:

7. Tests to be performed by subcontracted ITL:

Required Information and Documentation - Reasons for Request: (please check all that apply)

- Facilities
- Instrumentation
- Personnel
- Required consumable materials
- Actual or potential conflict of interest

Please describe the reason the ITL is unable to conduct a full compliance panel and plan to reestablish full testing capabilities.

The ITL's plan must state the specific corrective step(s) to be taken, a timetable for such steps, and the estimated date by which full testing capabilities will be restored. The timetable and the dates must be consistent with restoring full testing capabilities in the most expeditious manner possible.

By signing this document, I affirm that all the information provided above is true and accurate. Failure to fully complete this form may result in the denial of the request.

Signature of the Licensee's Representative:

Date of Request: