



Northern Scientific Inc

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License No.: LIC-C2TA7VV5QR-2023

Cannabis Sample Submission / Chain of Custody Form

MICROBIOLOGY PHARMACOPEIAL REFERENCE AND SPECIFICATIONS		
TEST (ENUMERATION)	PHARMACOPEIA REFERENCE (SELECT ONE)	ACCEPTANCE CRITERIA
Total Aerobic Microbial Count (TAMC) Total Yeast and Mold Count (TYMC) Bile-Tolerant Gram-Negative count (BTGN)	USP <2023> Dried or Powdered Botanicals	≤ 100,000 CFU/gram (TAMC) ≤ 1,000 CFU/gram (TYMC) ≤ 1,000 CFU/gram (BTGN)
	USP <2023> Powdered Botanical Extracts	≤ 10,000 CFU/gram (TAMC) ≤ 1,000 CFU/gram (TYMC)
	USP <1111> Nonsterile Dosage Forms (Oral Use)	≤ 1,000 CFU/gram (TAMC) ≤ 100 CFU/gram (TYMC)
	USP <1111> Nonsterile Dosage Forms (Inhalation Use)	≤ 100 CFU/gram (TAMC) ≤ 10 CFU/gram (TYMC) Absent in 1g or 1 mL (BTGN)
	EP 5.1.8 Herbal Medicinal Products	≤ 100,000 CFU/gram (TAMC) ≤ 10,000 CFU/gram (TYMC) ≤ 10,000 CFU/gram (BTGN)
	EP 5.1.4 Nonsterile Dosage Forms (Oral Use)	≤ 1,000 CFU/gram (TAMC) ≤ 100 CFU/gram (TYMC)
	EP 5.1.4 Nonsterile Dosage Forms (Inhalation Use)	≤ 100 CFU/gram (TAMC) ≤ 10 CFU/gram (TYMC) Absent in 1g or 1 mL (BTGN)
	Other (Specify)	Specify
TEST (PLATING/qPCR)	PHARMACOPEIA REFERENCE (SELECT ONE)	ACCEPTANCE CRITERIA
Specified Objectionable Organisms	USP <2023> Dried or Powdered Botanicals	<i>Salmonella</i> spp. absent in 10 g or 10 mL <i>E. coli</i> absent in 10 g or 10 mL
	USP <2023> Powdered Botanical Extracts	<i>Salmonella</i> spp. absent in 10 g or 10 mL <i>E. coli</i> absent in 10 g or 10 mL
	USP <1111> Nonsterile Dosage Forms (Oral Use)	<i>E. coli</i> absent in 1 g or 1 mL
	USP <1111> Nonsterile Dosage Forms (Inhalation Use)	<i>S. aureus</i> absent in 1 g or 1 mL <i>P. aeruginosa</i> absent in 1 g or 1 mL
	EP 5.1.8 Herbal Medicinal Products	<i>Salmonella</i> spp. absent in 25 g or 25 mL <i>E. coli</i> absent in 1 g or 1 mL
	EP 5.1.4 Nonsterile Dosage Forms (Oral Use)	<i>E. coli</i> absent in 1 g or 1 mL
	EP 5.1.4 Nonsterile Dosage Forms (Inhalation Use)	<i>S. aureus</i> absent in 1 g or 1 mL <i>P. aeruginosa</i> absent in 1 g or 1 mL
	Additional	(USP < 1111>) <i>Salmonella</i> spp absent in 10 gr or 10 ml (EP 5.1.4) <i>Salmonella</i> spp absent in 10 gr or 10 ml (USP < 2023>) <i>S. aureus</i> absent in 10 gr or 10 ml
Other (specify)	Specify	

Please select pharmacopeial reference limits for the chosen tests on the front page, where applicable.
Multiple references may be selected if appropriate.

CLIENT SIGNATURE: _____ DATE: _____