

Control #:

# LEAF MARIJUANA TEST NOTES



Technician:		Date of Exam:		Agency:	
Suspect(s):				Date of Violation:	
Officer:		Agency:		Case Number:	

Item #	Physical Description of Evidence

**Weight** For a triple beam: (Weight of GVM and weighing paper/vessel) – (weight of weighing paper/vessel) = net weight of GVM  
 For an electronic balance: Zero out weighing paper/vessel prior to weighing GVM. Display reads net weight of GVM, just record under net weight. If weighing by difference with an electronic balance, follow instructions for triple beam.

Item #	Material and Container: gram(s)	Container: gram(s)	Net Weight: gram(s)

## Microscopic Examination

Item #	Cystolithic and simple hairs on opposite sides of the same leaf fragments?	Other Observations
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Tell	

If **No** or **Can't Tell**, submit the case to your local crime lab.

## Chemical Test

Blank Test       Date of last known test performed: \_\_\_\_\_

- Portion of material to test tube.
- Add Duquenois reagent.
- Decant into new test tube.
- Add hydrochloric acid (Do not let color develop longer than two minutes).
- Did a color develop? (If yes, describe under "Did Color Develop?")
- Add chloroform.
- Mix vigorously.
- Did a color transfer to the bottom of the chloroform layer? (If yes, describe under "Did Color Transfer?")

Item #	Did Color Develop? (Describe)	Did Color Transfer? (Describe)
	<input type="checkbox"/> Yes <input type="checkbox"/> No Color: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Color: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No Color: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Color: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No Color: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Color: _____

## Conclusion

Item #	Did the evidence examined contain marijuana?	Evidence Repackaging and Comments
	<input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive	
	<input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive	
	<input type="checkbox"/> Yes <input type="checkbox"/> Inconclusive	

If inconclusive, submit the case to your local crime lab.