



# INDUSTRY QUARTERLY REPORT

Due the 15<sup>th</sup> of April/July/October/January

Please submit completed reports to [medcanwvindustry@wv.gov](mailto:medcanwvindustry@wv.gov)

\*If you have questions please do not hesitate to contact our office @ 304.356.5090 or [medcanwvindustry@wv.gov](mailto:medcanwvindustry@wv.gov)

Date:

GROWER

PROCESSOR

DISPENSARY

Facility Name:

Permit No.

Facility Location/Address:

Name and title of staff completing this report:

## GROWER INFORMATION

Amount of medical cannabis plant material **sold**: lbs. oz.

Price per: lb. oz.

Total Sales to Processors: \$

## PROCESSOR INFORMATION

Amount of medical cannabis plant material lbs. oz.

**purchased: Total Purchase Cost:** \$

Medical cannabis product **sold** to dispensaries: *\*Please use metric units for weights for all but dry leaf*

*Please use	Product Class:	Pill	Amt/Unit	Price \$
		Oil	Amt/Unit	Price \$
		Topical (gel/cream/ointment)	Amt/Unit	Price \$
		Form for Vaporization/Nebulization	Amt/Unit	Price \$
		Tincture	Amt/Unit	Price \$
		Liquid	Amt/Unit	Price \$
		Dermal Patch	Amt/Unit	Price \$
		Dry Leaf/Plant	Amt/Unit	Price \$

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**Total Sales to Dispensaries:** \$

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## DISPENSARY INFORMATION

Medical cannabis product **purchased:** *\*Please use metric units for weights for all but dry leaf*

Product Class:	Pill	Amt/Unit	Price \$
	Oil	Amt/Unit	Price \$
	Topical (gel/cream/ointment)	Amt/Unit	Price \$
	Form for Vaporization/Nebulization	Amt/Unit	Price \$
	Tincture	Amt/Unit	Price \$
	Liquid	Amt/Unit	Price \$
	Dermal Patch	Amt/Unit	Price \$
	Dry Leaf/Plant	Amt/Unit	Price \$

**Total Purchased:** \$

Medical cannabis products **sold:** *\*Please use metric units for weights for all but dry leaf*

Product Class:	Pill	Amt/Unit	Price \$
	Oil	Amt/Unit	Price \$
	Topical (gel/cream/ointment)	Amt/Unit	Price \$
	Form for Vaporization/Nebulization	Amt/Unit	Price \$
	Tincture	Amt/Unit	Price \$
	Liquid	Amt/Unit	Price \$
	Dermal Patch	Amt/Unit	Price \$
	Dry Leaf/Plant	Amt/Unit	Price \$

**Total Sales:** \$

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I attest that the information provided is true and correct to the best of my ability. I understand that any false or altered information provided is cause for investigation and could result in penalties or legal action by the Office of Medical Cannabis.

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Signature of preparer

Date: \_\_\_\_\_

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Signature of Operations/Site Manager

Date: \_\_\_\_\_