WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH
Office of Medical Cannabis

INDUSTRY QUARTERLY REPORT

Due the 15th of April/July/October/January

Please submit completed reports to medcanwvindustry@wv.gov

*If you have questions please do not hesitate to contact our office @ 304.356.5090 or medcanwvindustry@wv.gov

Date: _____ Total Number of Facility Employees _____

☐ 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 u 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: $ _____

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.

_____ Date: _____

Signature of preparer

_____ Date: _____

Signature of Operations/Site Manager