



**Southwest Bio-Labs, Inc.**  
*Las Cruces, NM*

**Submission Form**

Contact Name:	
Company:	
Address:	
City, State and Zip Code	
Email address of contact:	
Additional emails to receive reports:	

		Scoville Heat Units ( ✓ )	ASTA Extractable Color ( ✓ )	Moisture Content ( ✓ )	pH ( ✓ )	Salt ( ✓ )
No.	Sample ID					
1						
2						
3						
4						
5						
6						

Additional Comments:

<b>Submission Mailing Address:</b>	Chile Lab Southwest Bio-Labs 401 N. 17 <sup>th</sup> Street, Suite 11 Las Cruces, NM 88005	Place a copy of the Submission Form with your shipment to Southwest Bio-Labs. Thank you for entrusting us with your samples.
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