

# Testing Chain-of-Custody Record



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www.scissortaillabs.com

OMMA License No.: LAAA-NKSL-JY3L

| Client:               |              |                 | Sampled By:  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|--------------|-----------------|--|--------------------------|--|--|--|-----------|--|--|--|-------|--|--|-------|--|--|--|-----------------------|------------|-----------------|-------------------|--------------------------|----------------|--------------|------------|-----------|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| e-Mail:               |              |                 | OMMA #:  |                          |  | OMMA Compliance Sample? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OMMA #:               |              |                 | On Ice? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | Temperature: _____ °C  |  | <b>Lab Use</b>   |           | <b>Testing Request</b>   |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone #:              |              |                 | Due Date:  |                          | Rush? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Order Total: \$  |           | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td rowspan="3" style="writing-mode: vertical-rl; transform: rotate(180deg);">OMMA Compliance Suite</td> <td>Potency</td> <td>Terpene Profile</td> <td>Residual Solvents</td> <td>Filth and Foreign Matter</td> <td>Water Activity</td> <td>Heavy Metals</td> <td>Pesticides</td> <td>Microbial</td> <td>Mycotoxins</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> |  |  |       |  |  |       |  |  |  | OMMA Compliance Suite | Potency    | Terpene Profile | Residual Solvents | Filth and Foreign Matter | Water Activity | Heavy Metals | Pesticides | Microbial | Mycotoxins |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OMMA Compliance Suite | Potency      | Terpene Profile | Residual Solvents  | Filth and Foreign Matter | Water Activity   | Heavy Metals   | Pesticides   | Microbial |  |  |  |       |  |  |       |  |  |  |                       | Mycotoxins |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  | Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  | LIMS ID:   |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sample Name           | Time Sampled | Date Sampled    | Harvest/Process Date   | Batch ID                 | Matrix   | Weight   | Fraction ID  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                       |              |                 |  |                          |  |  |  |           |  |  |  |       |  |  |       |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relinquished by:      |              |                 | Date:  |                          |  | Time:  |  |           | Received by:   |  |  | Date: |  |  | Time: |  |  |  | Remarks:              |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relinquished by:      |              |                 | Date:  |                          |  | Time:  |  |           | Received by:   |  |  | Date: |  |  | Time: |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relinquished by:      |              |                 | Date:  |                          |  | Time:  |  |           | Received by:   |  |  | Date: |  |  | Time: |  |  |  |                       |            |                 |                   |                          |                |              |            |           |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

If necessary, samples submitted to Scissortail Laboratories may be subcontracted to other accredited laboratories. This serves as notice of this possibility. Any sub-contracted data will be clearly noted on the analytical report.