CHAIN OF CUSTODY
www.biotrax.net

BIOTRAX TESTING LABORATORY INC
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CONTACT INFORMATION

Company:		**Address:**	
Contact:		*EMAIL ADDRESS::*	
Phone:			

PROJECT INFORMATION

LOT Number:			
Project Farm :			
Project Zip Code:		Sampling Date & Time:	
PO Number:		Sampled By:	

TURN AROUND TIME CODES (TAT)

STD - Standard (Default) Temp <4 C ☐

Date Plated: Time Plated:

Date Read: Time Read:

Tech Initials Select or Input Initials

Sample ID	Strain Identifier	Sample Type (Below)	TAT (Above)	Allergens Analysis Please Enter Below	Notes
		Select		Select	
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		Select		Select	

CANNABIS SERVICES
(Use checkboxes below)

MATRIX

Temp Received _____ *C*

Cannabis Profile Tests

FLOWER	OIL (CRUDE)	TINCTURES & BALMS	EDIBLES	CBD Profile w/ THC	Heavy Metals	Terpenes	Pesticides Residue	MICROBIOLOGY- E Coli , Salmonella	MICROBIOLOGY - Mycotoxins								
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SAMPLE TYPE CODES			
PW- Potable Water	CA- Compressed Air		
NPW- Non-Potable Water		SW – Swab	
EVS- Surface Swab	BS- Biosolid		
F- Food /Ingredient	EA- Environmental Air	O – Other:	

RELINQUISHED BY	DATE & TIME	RECEIVED BY	DATE & TIME

Save Clear E Mail