



# SAMPLE ANALYSIS REQUEST FORM

<b>Date Submitted:</b>		
<b>Client Name:</b>		
<b>Client Address:</b>		
<b>E-mail:</b>		
<b>Phone Number:</b>		
<b>Payment Options:</b>	<b>Sample Disposition:</b>	
<input type="checkbox"/> Cash Pre-Payment <input type="checkbox"/> Payment to be made after results (if purchasing)	<input type="checkbox"/> Dispose of sample(s) after 30 days	<input type="checkbox"/> Store sample(s) after 30 days for ____ months (\$20/month storage fee)

Analysis Payment	Amount Tests Required	Total Cost = \$
Cannabinoid Potency (\$160 / \$60 after 1 sample)		
Terpenes (\$120)		
Pesticides (\$320)		
Microbial (\$145)		

<i>Report Analysis Results To:</i>		
<b>Client Name:</b>		
<b>Client Address:</b>		
<b>Phone Number:</b>		
<b>E-mail:</b>		
<b>Turnaround Time:</b>	<input type="checkbox"/> Standard (5-10 business days)	<input type="checkbox"/> RUSH (1-2 days) 100% surcharge
<b>Report results by:</b>	<input type="checkbox"/> E-mail	<input type="checkbox"/> Phone
	<input type="checkbox"/> Other (Please Specify):	

Sample Name / Item Number	Description	Test(s) Required	Ingredients

Sample Name / Item Number	Description	Test(s) Required	Ingredients
<b>Special Instructions:</b>			

Employee Name (Typed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_