



SAMPLE ANALYSIS REQUEST FORM

Date Submitted:		
Client Name:		
Client Address:		
E-mail:		
Phone Number:		
Payment Options:	Sample Disposition:	
<input type="checkbox"/> Cash Pre-Payment <input type="checkbox"/> Payment to be made after results (if purchasing) <input type="checkbox"/> E-Transfer	<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 / \$80 after 1 sample)		
Terpenes (\$120)		

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

Employee Name (Typed): _____

Employee Signature: _____