



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 Type	Amount of Tests Required	Total Cost
Cannabinoid Potency (\$160 / \$80 after 1 sample)		
Terpenes (\$120)		

Report Analysis Results To:			
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):
Certificate of Analysis Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Report results to: <input type="checkbox"/> DQ/HR <input type="checkbox"/> Pres/CEO

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

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

Special Instructions:

Form Completed By: _____

Signature: _____