



# 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"/> E-Transfer <input type="checkbox"/> No charge	<input type="checkbox"/> Dispose of sample(s) after 30 days	<input type="checkbox"/> Store sample(s) after 30 days for 12 months

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

<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):
<b>Certificate of Analysis Required?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Report results to:</b> <input type="checkbox"/> DQ/HR <input type="checkbox"/> Pres/CEO <input type="checkbox"/> Customer
Sample Name / Item Number	Description	Test(s) Required	Ingredients



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

**Special Instructions:**

Form Completed By: \_\_\_\_\_

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