



SAMPLE ANALYSIS REQUEST FORM

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|-----------------------|--|-----------------------|--|
| Client Name | | Date Submitted | |
| Client Address | | | |
| Phone Number | | Completed By | |
| Email | | | |

| Analysis Type Required | Amount of Tests Required | Total Cost |
|---|---|--|
| Cannabinoid Potency (\$160 / \$80 after 1 sample) | | |
| Terpene Profile (\$120) | | |
| Payment Options: | Sample Disposition: | |
| <input type="checkbox"/> Cash Pre-Payment <input type="checkbox"/> Payment to be deducted 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 | |
| | Completion Time | |
| | <input type="checkbox"/> Standard (5-10 business days) | <input type="checkbox"/> RUSH (1-2 days) 100% surcharge |

| For Internal Use Only | | | | | | | |
|---------------------------------|------------------------------|-----------------------------|--------------------------------|-------------------------------|------------------------------|-----------------------------|------------------------------|
| Report Results to Client | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DQ/HR | CofA Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Client Email | | | | CofA Emailed (Initial) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Client Phone Number | | | | Date CofA Emailed | | | |
| Invoice Sent to Client | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Payment Received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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