



SAMPLE ANALYSIS REQUEST FORM

Name		Date Submitted	
Address			
Phone Number		Completed By	
Email			

Sample Information

Analysis Type Required	Number of Tests Required	Total Cost
Cannabinoid Potency (\$60 per sample)		
Terpene Profile (\$60 per sample)		
TOTALS		

Payment Options	Sample Requirements
<input type="checkbox"/> Cash Pre-Payment <input type="checkbox"/> Payment to be received before results given to customer. <input type="checkbox"/> Payment to be deducted after results (if purchasing) <input type="checkbox"/> E-Transfer <input type="checkbox"/> No Charge	<input type="checkbox"/> Flower and Hash - approximately 3 grams (3 buds) <input type="checkbox"/> Extracts (FSE, Distillate, Concentrates) – 3 to 5 grams <input type="checkbox"/> Oil Drops and Tinctures – 3 to 5 mL or one unit <input type="checkbox"/> Edibles – one packaged unit <input type="checkbox"/> Completion Time (5-10 Business Days) <input type="checkbox"/> Dispose of sample(s) after 30 days <input type="checkbox"/> Store sample(s) after 30 days for 12 months.

Sample Name	Description	Test(s) Required	Assigned Lot # (i.e. 240527-CS-1GB)



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Special Instructions (i.e. customer related requests)			

<i>For Internal Use Only</i>			
Payment Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Invoice Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Invoice Sent to Client	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Report Results to Client	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
COA Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
COA Issued	<input type="checkbox"/> Email	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> N/A

Comments (e.g. physical properties and non-conforming)			

<i>Approval and Release</i>		
Samples Received By	Name: _____	Date: _____
Samples Inspected By	Name: _____	Date: _____
Samples Tested By	Name: _____	Date: _____