

## CLIENT ORDER FORM / CHAIN OF CUSTODY

### To Be Completed by Lab Personnel

Chain of Custody: \_\_\_\_\_

Sample Receipt - Date/Time/Initials: \_\_\_\_\_

Sample Storage (check one):

Refrigerator

Freezer

Storage Room

### To Be Completed By Client

Client Name: \_\_\_\_\_

Sampling Start - Date/Time/Initials: \_\_\_\_\_

### To Be Completed By Client

### To Be Completed by Lab Personnel

Sample Name	Assigned Lot #	Assays Required (Please Check)	Expected Potency ( <b>Required</b> for Proper Dilution)	Notes (i.e. Storage Requirements, Sample Prep)	Sample ID	Intake Mass (g) / Qty (mL, #)
		Potency    Terpenes Micro      Mycotoxin    Pesticides Metals      Residual Solvents				
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Please complete and include this form, and submit samples to:

Scanned: Yes    No

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