

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 (Required 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:

Pinnacle CT Labs
57 Aileron Ct. Suite #15
Westminster, MD 21157

Scanned: Yes No