



CA Rep: _____	Customer: _____	Date: ____/____/____
<input type="checkbox"/> Pickup <input type="checkbox"/> Drop Off <input type="checkbox"/> 3 <sup>rd</sup> Party Transport	Total number of samples: _____	Manifest ID: _____

Line #	Sample ID	R&D	Sample Name, Notes	Infused Product Target Info		Tests Required (key below)													
				Piece Size	mg per Piece	P	M	A	Y	T	R	Q	F	H					
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			

P=Potency | M=Micro | A=Moisture/Aw | Y=Mycotoxins | T=Terpenes | R=Residuals | Q=Pesticides | F=Fungal | H=Heavy Metals

CA Signature: _____	Customer Signature: _____
---------------------	---------------------------