



Customer: _____	Contact Phone: _____	Date: ____/____/____
<input type="checkbox"/> Pickup <input type="checkbox"/> Drop Off <input type="checkbox"/> 3 rd Party Transport	Contact Email: _____	Total number of Samples: _____

#	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	G	F	H				
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			

P=Potency | M=Micro | A=Water Activity | Y=Mycotoxins | T=Terpenes | R=Residuals | Q=Pesticides I | G=Pesticides II | F=Fungal | H=Heavy Metals

CA Signature: _____	Customer Signature: _____
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