



# Chain of Custody

Acct. # \_\_\_\_\_ Group # \_\_\_\_\_ Sample # \_\_\_\_\_

Client:			<b>Matrix</b>			<b>Analyses Requested</b>										<b>For Lab Use Only</b>				
Project Name/#:		Site ID #:				<input type="checkbox"/> Water <input type="checkbox"/> Tissue <input type="checkbox"/> Soil		<input type="checkbox"/> Beverage <input type="checkbox"/> Lotion <input type="checkbox"/> Finished products		<input type="checkbox"/> Food <input type="checkbox"/> Oil <input type="checkbox"/> Other:		<b>Preservatives Codes</b>								
Project Manager:		P.O. #:	Total # of Containers		Cannabinoid Potency							Trace THC	Dry Weight Potency (USDA)	Pesticides	Heavy Metals	Residual Solvents	Microbes	Mycotoxins	Terpenes	Research & Development
Sampler:		License #			State where samples were collected: _____		For Compliance: Yes <input type="checkbox"/> No <input type="checkbox"/>												<b>Preservation Codes</b> A = acids                      E = synthetic oils B = bases                      F = natural oils C = salts                        G = active ingredients D = Parabens                 H = Other	
Phone #:		Quote #:																		
<b>Sample Identification</b>		<b>Collection</b>		<b>Grab</b>	<b>Composite</b>											<b>Comments</b>				
		Date	Time																	
<b>Turnaround Time Requested (TAT)</b> (please check):    Standard <input type="checkbox"/> Rush <input type="checkbox"/> (Rush TAT is subject to laboratory approval and surcharges.)			Relinquished by:		Date	Time	Received by:		Date	Time										
Date results are needed:			Relinquished by:		Date	Time	Received by:		Date	Time										
Rush results requested by (please check):    E-Mail <input type="checkbox"/> Phone <input type="checkbox"/>			Relinquished by:		Date	Time	Received by:		Date	Time										
E-mail Address:			Relinquished by:		Date	Time	Received by:		Date	Time										
Phone:			Relinquished by:		Date	Time	Received by:		Date	Time										
<b>Data Package Options</b> (please check if required)			Relinquished by:		Date	Time	Received by:		Date	Time										
Type I (Validation/non-CLP) <input type="checkbox"/> MA MCP <input type="checkbox"/>			Relinquished by:		Date	Time	Received by:		Date	Time										
Type III (Reduced non-CLP) <input type="checkbox"/> CT RCP <input type="checkbox"/>			Relinquished by:		Date	Time	Received by:		Date	Time										
Type VI (Raw Data Only) <input type="checkbox"/> TX TRRP-13 <input type="checkbox"/>			Relinquished by:		Date	Time	Received by:		Date	Time										
NJ DKQP                                      NYSDEC Category <input type="checkbox"/> A or <input type="checkbox"/> B			Relinquished by Commercial Carrier:																	
<b>EDD Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, format: _____			UPS _____    FedEx _____    Other _____																	
							Temperature upon receipt _____ °C													