



**HEMP PRODUCT
FIELD SAMPLE LOG**

PharmLabs Chain of Custody
SAN DEIGO · COACHELLA · LONG BEACH

Company Name:		Address of sampling:	
Account Email & Phone:			
Client Name <i>(print)</i> :		General Description of the location sampled:	
Client Signature:	Date:		
Sample Collector <i>(print)</i> :		Global Positioning Coordinates:	
Sample Collector Signature:			
Date & Time Sampling Started:		Total Acreage of the Field Sampled:	
Date & Time Sampling Ended:			

Complete sample name and test type.			Test Type								
			Cannabinoids	Pesticides	Solvents	Microbial (Non-Inhalable)	Mycotoxins	Terpenes	Water/Moistur e	Foreign Matter	Heavy Metals
Sample Name	Sample ID <i>(Internal Use)</i>	Lab ID <i>(Internal Use)</i>									
1											
2											
3											
4											
5											

PharmLabs Rep Receiving Samples <i>(print)</i> :	
Signature:	Date: