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CANNABIS LABORATORY SOLUTIONS

PharmLabs Laboratory Sample Chain of Custody

Page ____ of ____

Client / Company Name Relinquishing Samples:	
Representative Name:	<i>To be filled in by PharmLabs Rep.</i>
Account Email:	Client ID:
Phone:	Date & Time of Submission:
Address:	PL Rep Name:

SAMPLE NAME (Name will be entered into PharmWare LIMS exactly as it is denoted below)	Internal Use Only LIMS ID	Sample Type										Result Format <small>(for CAN tests only)</small>		Test Type																
		Flower / Leaf / Trim	Kief / Hash	Concentrate	Edible	Tincture	Topical / Transdermal	Clear / Distillate	Isolate	Other	%	Mg/g	Mg/ml (req min 2ml)	Total MG	(HMG - min 3-5 units)	Homogeneity	Residual Solvents (RES - min .5g)	Mycotoxins (MTO - min 1g)	MICCP - min 2g	Microbiological for All Other (MICC - min 2g)	Microbiological for Inhalable (MICC - min 2g)	Pesticide Screen (PES - min 2.5g)	Moisture (MOI - flower only)	Cannabinoids (CAN - min 1g)	Terpenes (TER - min .5g)	Filth & Foreign Material Inspection +\$20 (FVI)	Label Claim Verification +\$20 (LBL)	PHOTO+\$10 (P)		
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Total \$\$ Collected

- Cash
- Check
- Charge
- PharmLabs Credits

Client Signature

Relinquishing Samples

Date

PharmLabs Signature

Receiving Samples

Date

Contact us for CA Compliance testing to arrange for onsite sampling in compliance with California Regulations