



PharmLabs Chain of Custody

3421 Hancock Street, 2nd Floor, San Diego, CA 92110

Phone: 619-356-0898

License No.

Company Name:	Phone:		
Account Email:	Client Name <i>(print)</i> :		
Address:	Client Signature:		Date:

Please fill out your company information, sample name, sample type, and test type. Make sure to sign and date.			Sample Type	Test Type										
			Flower/Trim, Kief/Hash, Conc/Distillate/Isolate Edible/Tincture/Tonic Topical/Salve/RSO	Cannabinoids	Pesticides	Solvents	Microbial (Inhalable)	Microbial (Non-Inhalable)	Mycotoxins	Terpenes	Water/Moisture	Foreign Matter	Heavy Metals	Photo
Sample Name	Sample ID <i>(Internal Use)</i>	Lab ID <i>(Internal Use)</i>												
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

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