

# PharmLabs R&D Laboratory Sample Chain of Custody

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Company Name Relinquishing Samples:	
Company Rep. Name:	<i>To be filled in by PharmLabs Rep.</i>
Account Email:	Client ID:
Phone:	Date & Time of Submission:
Address:	PL Rep Name:
License #:	DCC License #: C8-000098-LIC



RP0611043

SAMPLE NAME (Name will be entered into PharmWare LIMS and on the COA exactly as it is denoted below)	Internal Use Only LIMS ID	Sample Type					Result Format <small>(For Cannabinoids Tests Only)</small>				Test Type <small>(Full Panel please mark CAN+ or CAN20)</small>													
		Flower	Kief / Hash	Concentrate	Edible / Tincture	Topical / Transdermal	%	Mg/g	Mg/ml (req min 2ml)	Total MG	Cannabinoids (CAN+)	Cannabinoids (CAN20)	Terpenes (TER)	Full Panel (FP)	Residual Solvents (RES)	Pesticide Screen (PES)	Mycotoxins (MITO)	Heavy Metal (HME)	Microbial (MIC)	FiltH & Foreign (FV)	QA Rush Order	PHOTO (P)		
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
11																								
12																								

- Total \$\$ Collected
- Cash
  - Check
  - Charge
  - PharmLabs Credits

Client Signature  
Relinquishing Samples

Date

PharmLabs Signature  
Receiving Samples

Date

3421 Hancock Street, 2<sup>nd</sup> Fl  
San Diego, CA 92110  
619-356-0898  
info@sdpharmlabs.com