



# PharmLabs R&D Laboratory Sample Chain of Custody

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 #:	License #:



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 (For Potency Testing Only)			Test Type (Full Panel please mark CAN+, CANX, DMT or TYP)															
		Flower/Plant/Fungi	Concentrate	Edible / Tincture	Topical / Transdermal	%	Mg/g	Mg/ml (req min 2ml)	Total MG	Potency Cannabinoids (CAN+)	Potency Cannabinoids (CANX)	Potency 4-DMT (DMT)	Potency Tryptamines (TYP)	Terpenes (TER)	Full Panel (FP)	Residual Solvents (RES)	Pesticide Screen (PES)	Mycotoxins (MTO)	Heavy Metal (HME)	Microbial (MIC)	Filth & Foreign (FV)	Rush Order (RUO)	PHOTO (P)	
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3																								
4																								
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Client Printed Name

Client Signature  
Relinquishing Samples

Date

PharmLabs Signature  
Receiving Samples

Date