TRYPTAMINES & ALKALOIDS

PharmLabs R&D Laboratory Sample Chain of Custody

Company Name Relinquishing Samples:	
Company Rep. Name:	***To be filled in by PharmLabs Rep.***
Account Email:	*Client ID:*
Phone:	*Date & Time of Submission:*
Address:	*PL Rep Name:*
License #:	*PharmLabs DEA License# RP0611043*

RP0611043

AMU= Ibotonic Acid, Muscimol & Muscarine
TRY= Norbaeocystin, Aeruginascin, Baeoeystin, Norpsilocin
PSY= DEA License may be required for R&D Potency testing of Psilocin and Psilocybin, contact us.

SAMPLE NAME
(Name will be entered into PharmWare LIMS and on the COA exactly as it is denoted below)

			Sample Type				**Results Format** *(For Potency Testing Only)*			**Test Type** *(For Full Panel please mark **one** of the Potency choices)* *(Full Panel Includes – Heavy Metals, Pesticides, Mycotoxins, Residual Solvents, Microbial & Photo)*						
		Internal Use Only **LIMS ID**	Plant/Fungi	Concentrate	Edible / Tincture	Other	Percent (%) & Mg/g	Mg/ml (req 2ml min.)	Total MG	Potency 4A-Dimethyltryptamine (4AD)	Potency Amanita Muscaria (AMU)	Potency Tryptamine (TRY)	Potency Psilocybin & Psilocin (PSY)	Full Panel (FPT)	Rush Order (RUO)	PHOTO (P)
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

Client Printed Name

Client Signature
Relinquishing Samples

Date

PharmLabs Signature
Receiving Samples

Date

Notes to lab:

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