

6000 COMMERCE PKWY STE I, MT LAUREL, NJ 08054 // PH: 856-316-0600

 $\mathsf{ISO/IEC\,17025:2017\,A2LA\,CERT\#\,5913.01\,//\,DEA\#\,RT0581098\,//\,\,\mathsf{NJCDS\#\,10CA00034900\,//\,\,NJ\,HEMP\#\,34_00077}$

CHAIN OF CUSTODY

QUALITY ASSURANCE ANALYSIS REQUEST

CLIENT:			CONTACT NAME:								
ADDRESS:		EMAIL:									
			PHONE:								
LICENSE ID:		SPECIAL INSTRUCTIONS:									
REQUESTED ANALYSIS											
SAMPLE ID	BATCH / LOT ID	FLOWER	EXTRACT	INFUSED	POTENCY	FULL PANEL	PROFILE PANEL	SAFETY PANEL I	SAFETY PANEL II	INDIVIDUAL TESTS	LAB USE ONLY
REQUESTED TURN AROUND TIME		□ STANDARD									□ RUSH*
*Rush surcharge will apply. Alert the laboratory prior to submittal to ensure turnaround time. **This is a quality assurance analysis request. For pre-harvest compliance hemp testing, please fill out the compliance analysis request. ***Please refer to the attached analysis list for minimum sample submissions requirements, individual test items, and additional information. By signing below, I affirm that I am a representative of the above listed Entity, and that all samples being submitted to Trichome Analytical from any state are hemp or hemp derivatives as specified by the Hemp Farming Act of 2018, SEC.297A.											
Print Name:	Signa				Δ	م ثاب را	-l C	000	C	Date:	annt Laurel NI 000F4
Remit this form with your samples and payment to: Trichome Analytical, 6000 Commerce Parkway Suite I, Mount Laurel, NJ 08054.											
LAB USE ONLY											
Received By:	Signa	ture:								Date:	
Notes:											