

CHAIN OF CUSTODY

QUALITY ASSURANCE ANALYSIS REQUEST

TRICHOME ANALYTICAL

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

ISO/IEC 17025:2017 A2LA CERT# 5913.01 // DEA# RT0581098 // NJCDS# 10CA00034900 // NJ HEMP# 34_00077 // NJ CRC# TL000001

CLIENT: _____

CONTACT NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

LICENSE ID: _____

SPECIAL INSTRUCTIONS: _____

SAMPLE ID	SAMPLE DESCRIPTION (BATCH / LOT ID)	PANELS			INDIVIDUAL ANALYSES										LAB USE ONLY
		NJ PANEL	NYCHP PANEL	PROFILE PANEL	CANNABINOIDS	TERPENES	METALS	PEST. & MYCO	MICROBIAL	SOLVENTS	MOISTURE	WATER ACTIVITY	FOREIGN MATTER	OTHER*	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REQUESTED TURN AROUND TIME: STANDARD RUSH (surcharge applies)

- 1. NJ REQUIRED
- 2. NY REQUIRED
- 3. Quality Indicators: Total Yeast and Mold, Total Aerobic Bacteria Count, Total Enterobacteriaceae Count, Total Coliforms, E. coli
- 4. Common Pathogens: Shiga toxin-producing E. coli (STEC), Salmonella spp., Aspergillus (flavus, fumigatus, niger, terreus)

***INDICATE OTHER ANALYSIS REQUEST:**

By signing below, I affirm that I am a representative of the above listed Entity, and that all samples being submitted to Trichome Analytical are legally produced and transported under federal and/or state guidelines.

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

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: _____ Signature: _____ Date: _____

Notes: _____