



CHAIN OF CUSTODY

QUALITY ASSURANCE ANALYSIS REQUEST

CLIENT: _____
ADDRESS: _____

LICENSE ID: _____

CONTACT NAME: _____
EMAIL: _____
PHONE: _____
SPECIAL INSTRUCTIONS: _____

REQUESTED ANALYSIS

SAMPLE ID	SAMPLE DESCRIPTION (BATCH / LOT ID)	PLANT	EXTRACT	INFUSED	CANNABINOIDS	FULL PANEL	PROFILE PANEL	SAFETY PANEL I	SAFETY PANEL II	INDIVIDUAL TESTS	LAB USE ONLY
		<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"/>	<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"/>		
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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		<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"/>	<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"/>		

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 services 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: _____ 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: _____
