

Analytical Services Chain of Custody Form

<u>Client Info:</u>	Date Submitted: _____
Company: _____	Address: _____
Contact: _____	_____
E-mail: _____	_____
Phone: _____	_____

{Grey Sections to be filled out by Laboratory Personnel}

Date Received: _____ INV #: _____

Received By: _____

Client Sample ID	Type	Matrix	Amount (g or mL)	Analyses Requested*	Laboratory ID
	Cannabis Hemp	Plant Oil			
	Cannabis Hemp	Plant Oil			
	Cannabis Hemp	Plant Oil			
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**Analyses Available: potency(po), terpenes(ter), residual solvents(rs), heavy metals(met), aflatoxins(af)*

Additional Client Notes: _____

Laboratory Notes: _____

Supra THC Services requires full payment prior to release of analyses results to the Client.

I agree to the above statement (required)

Signature: _____

