

Report To: _____
Company: _____
Address: _____
Phone: _____ State: _____
Fax: _____
Email: _____

Sample Information

Sample ID #: _____
Lot Number: _____
Storage Conditions: Room Temperature Refrigerated Frozen # of Samples: _____

Requested Testing Hemp:

Potency Testing:

_____ THC Conc. (only)
_____ Cannabinoids (16)
_____ CBD Extraction
_____ Residual solvents (11)
_____ Pesticides (66)
_____ Terpenes (20)
_____ Heavy Metals

Microbial:

_____ Pathogens
_____ Coliforms
_____ Total Yeast and Mold
_____ Total Aerobic Count
_____ Please indicate additional testing _____

Requested Testing Textiles:

Microbiological

_____ AATCC 30 Pt. III _____ AATCC 174
_____ AATCC 90 _____ ASTM E 2149-13a
_____ AATCC 100 _____ ASTM G21
_____ AATCC 147 _____ JIS L 1902-2015
_____ Other: _____

Rush Service: Yes No (*additional charges may apply for Rush Service*)

Special Instructions: _____

TESTING AUTHORIZED BY : _____ DATE: _____

Testing will not be initiated without signed authorization.