DVT CHAIN of CUSTODY

Page ___ of ___

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Client:

Address:

Contacts:

Agent Numbers & Exp. Date

☐ Check box if agent # and picture copy is on file.

Email

Phone

Method of Shipment

Drop off

Pick up____

Invoice No.

Sample Name	Batch Number	Lab Number	Grams Received	Test: Cannabinoid Profile by HPLC	Micro Screening	Residual Solvents	Additional Residual Solvents	Terpenes	Trace Metals	Bottle Rinse	Pesticides	Moisture Content	Microbial Analysis	DNA Profiling	Matrix: Flower	Concentrate	Vape Oil	Tincture	Plant Oil	Medible	Oil	Other	List Matrix

Other

Special Instructions

How did you hear about us? (Check one)

Web Search	
Social Network	
Industry Event	
AZMarijuana	
Women Grow	
Friend/Family	
Other	

Sample Received DRY: Yes No

Temp: (circle) Hot Room Temp Cold

Relinquished by sampler (sign) (print) Date Time Received by DVT Date Time

Returned to: (sign) (print) Date Time Relinquished by DVT (sign) Date

Ok to Discard (Initial) Hold EXP: Lab Discard Date Tech Initial