desert valley TESTING

CHAIN OF CUSTODY

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Invoice No.

Client:

Address:

Phone:

Contact(s):

Agent Numbers & Exp. Date

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

Email(s):

Page ___ of ___

Sample(s) received by (Circle)

Drop off

Pick up

By Mail

Questionnaire Included?

Yes 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	Diketones	Microbial Analysis	Matrix: Flower	Concentrate	Vape Oil	Tincture	Plant Oil	Medible *List medible type*	Oil	Other	*List Matrix*
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Specialized Testing:

Microbial (Check):

- Yeast & Mold
- Coliform/E.coli
- Aerobic
- Enterobacteria

DNA Profiling (Check)

Other:

How did you hear about us? (Check one)

- Web Search
- Social Network
- Industry Event
- AZMarijuana
- Women Grow
- Friend/Family
- Other (Please specify below)

Relinquished by sampler (sign):

(print): Date Time

Sample Received DRY: (Circle) Yes No

Temp: (Circle) Hot Cold Room Temp

Received by DVT

Date Time

Ok to Discard

(Sign)

Hold EXP:

Lab Discard Date

Tech Initial