



desert valley
TESTING
CHAIN OF CUSTODY

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www.desertvalleytesting.com

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

Invoice No.

Sample Name	Batch Number	Lab Number	Grams Received	Test										Matrix						
				Cannabinoid Profile by HPLC	Micro Screening	Residual Solvents	Terpenes	Trace Metals	Bottle Rinse	Pesticides	Moisture Content	Diketones	Microbial Analysis	Flower	Concentrate	Vape Oil	Tincture	Plant Oil	Medible *List medible type*	Oil
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				

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): _____

Ok to Discard

(print): _____

Date _____ Time _____

(Sign) _____

Sample Received DRY: (Circle) Yes No

Temp: (Circle) Hot Cold Room Temp

Received by DVT _____

Date _____ Time _____

Lab Discard Date _____ Tech Initial _____

Other (Please specify below) _____