



CHAIN OF CUSTODY

3520 N. 7th Street, Phoenix, AZ 85014

480-788-6644

www.desertvalleytesting.com

License #: 0000031LRCHX78341676

ISO 17025:2017 Certificate #: AT-2837

*Analysis is licensed and accredited

Company Name:

Phone:

Address:

Authorized Contacts:

License #:

Email Address:

Client Notes: (sample condition, special instructions, etc.)

Sample Name	Batch Number	Sampled Date & Time	Amount Submitted (g or mL) (REQUIRED)	Matrix Type: (Plant - P; Concentrate - C; Ingestible - I; Topical - T)	Chemical Analysis:											Microbial Analysis:					Lab Number (for lab use only)						
					Potency* (SOP-003)	Residual Solvents* (SOP-004)	Heavy Metals* (SOP-035)	Pesticides* (SOP-011)	Terpenes (SOP-005)	Water Activity (SOP-007)	Moisture Content (SOP-008)	pH (SOP-022)	E. Coli* (SOP-023)	Salmonella* (SOP-028)	Aspergillus* (SOP-015/SOP-024)	Mycotoxins* (SOP-011)	Aerobic Plate Count (SOP-006)	Yeast & Mold (SOP-006)	Coliform (SOP-006)								

Relinquishment to DVT:
By submitting these samples you give Desert Valley Testing (DVT) permission to test your samples using the selected methods, and allow DVT to modify methods as necessary to achieve the most accurate results. All deviations will be scientifically valid and defensible and notated where appropriate on the COA.

Name: _____ **Signature:** _____ **Date and Time:** _____

Received by DVT: (Signature) _____ **Date and Time:** _____

Received By:			Storage Temperature(s):		
Drop Off	Pick Up	Mail	Ambient	Refrigerated	Frozen

Notes: (for lab use only)