



Hemp & Cannabis: Usable / Extract / Finished Product Chain of Custody Record

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ORELAP ID: **OR100028** ANAB ISO 17025 ID: **AT-1508**

Company: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Email Results: _____ <input type="checkbox"/> Ph: (____) - _____ <div style="text-align: center; font-size: small;"><i>Billing Contact (if different)</i></div> Name: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____ Ph: (____) - _____			Analysis Requested						PO Number: _____ Project ID: _____ Batch ID: _____ Sampled by: _____ Custom Reporting: _____ Source Material: <input type="checkbox"/> - Ind. Hemp product <input type="checkbox"/> - Rec. Cannabis Reporting Type: <input type="checkbox"/> - Compliance <input type="checkbox"/> - R&D Report to: <input type="checkbox"/> - METRC <input type="checkbox"/> - ODA <input type="checkbox"/> - USDA <input type="checkbox"/> - Other: _____ <div style="text-align: center; font-size: small;"> Turnaround time (TAT - Business Days): <input type="checkbox"/> - 5BD <input type="checkbox"/> - 3BD* <input type="checkbox"/> - 2BD* <i>*Check for availability</i> </div>		
Lab ID	Client Sample Identification	Sample date							Material Type †	Weight (Units)	Comments/Metric ID
Signature - Relinquished By:			Date	Time	Signature - Received By:			Date	Time	Lab Use Only:	
										<input type="checkbox"/> Shipped Via: _____ or <input type="checkbox"/> Client drop off Evidence of cooling: <input type="checkbox"/> Yes <input type="checkbox"/> No - Temp (°C): _____ Sample in good condition: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC <input type="checkbox"/> Net: _____ Prelog storage: _____	

† - **Material Type Codes:** Plant Material (P) ; Isolate (I) ; Concentrate/Extract (C) ; Tincture/Topical (T) ; Edible (E) ; Beverage (B) ; Vapor Product (V)