



# PharmLabs Laboratory Sample Chain of Custody

|                                     |  |
|-------------------------------------|--|
| Company Name Relinquishing Samples: |  |
| Company Rep. Name:                  | <i>To be filled in by PharmLabs Rep.</i> |
| Account Email:                      | Client ID:                               |
| Phone:                              | Date & Time of Submission:               |
| Address:                            | PL Rep Name:                             |
| License #:                          | License #: C8-17-0000008-TEMP            |

| SAMPLE NAME<br>(Name will be entered into PharmWare LIMS exactly as it is denoted below) | Internal Use Only<br>LIMS ID | Sample Type |             |             |                   |                       | Result Format<br><small>(For Cannabinoids Tests Only)</small> |      |                     |          | Test Type     |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
|--|------------------------------|-------------|-------------|-------------|-------------------|-----------------------|---|------|---------------------|----------|---------------|-------------------|-------------------------|----------------|--------------------------------------|------------------|-----------------|-------------------|--------------------|---------------------------------------|-------------------|--|
|  |                              | Flower      | Kief / Hash | Concentrate | Edible / Tincture | Topical / Transdermal | %   | Mg/g | Mg/ml (req min 2ml) | Total MG | CA Compliance | Homogeneity (HMG) | Residual Solvents (RES) | Terpenes (TER) | Fifth & Foreign Material Insp. (FVI) | Mycotoxins (MTO) | Microbial (MIC) | Heavy Metal (HME) | Cannabinoids (CAN) | Pesticide Screen (PES - req min 2.5g) | PHOTO (P - +\$10) |  |
| 1  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 2  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 3  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 4  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 5  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 6  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 7  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 8  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 9  |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 10   |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 11   |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 12   |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 13   |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 14   |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |
| 15   |                              |             |             |             |                   |                       |   |      |                     |          |               |                   |                         |                |                                      |                  |                 |                   |                    |                                       |                   |  |

Total \$\$ Collected

- Cash
- Check
- Charge
- PharmLabs Credits

Client Signature  
Relinquishing Samples

Date

PharmLabs Signature  
Receiving Samples

Date