



PharmLabs Laboratory Sample Chain of Custody

Page _____ of _____

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Company Name:	PharmLabs Client ID:
Company Rep. Name:	Email:
Date & Time of Pick-up:	Phone:
PharmLabs Rep. Name:	

Powered by: PharmWare
GENUINELY LABORATORY SOLUTIONS

SAMPLE NAME (Name will be entered into PharmWare LIMS exactly as it is denoted below)	Internal Use Only LIMS ID	Sample Type					Result Format			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)	Filth & Foreign Material Insp. (FVI)	Mycotoxins (MTO)	Microbial (MIC)	Heavy Metal (HME)	Cannabinoids (CAN)	Pesticide Screen (PEST – req min 2.5g)	PHOTO (P)	RUSH (+\$25)	
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							

\$\$ Total Money Collected

- Cash
- Check
- Charge
- PharmLabs Credits

Client Signature

Relinquishing Samples

PharmLabs Signature

Receiving Samples

Date