

## General Sample Submission Form (Chain of Custody)

<b>Company Name</b>			Submitted by: _____ Phone #: _____			Submitted Date	
			Report to: _____ Phone #: _____			Email: _____	
	Sample Name	Sample Description	Batch No.	Type of Test Requested	Sample Size	Turnaround Time	Harrens Lab Sample ID
1						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
2						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
3						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
4						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
5						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
6						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
7						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
8						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
9						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
10						<input type="checkbox"/> Routine <input type="checkbox"/> Rush	
<b>After Analysis:</b> <input type="checkbox"/> Dispose of Sample <input type="checkbox"/> Return Unused Sample <input type="checkbox"/> Retain Sample for more than 30 days			<b>Expected Potency Result:</b> _____			<b>Notes:</b> _____	
<p>* <b>Cannabinoid Testing Disclaimer:</b> We test for THCa, Δ9-THC, CBDa, CBD, CBN and CBG. If you are looking for other alternative cannabinoids, please notify Harrens Lab.          * Please contact Harrens Lab at 510-887-8885 if you need assistance in choosing the appropriate analysis or to confirm the availability, scheduling, and the cost of RUSH services.</p>							

### Harrens Lab Inc. Use Only

<b>Temperature:</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	<b>Condition Upon Receipt:</b> Seal Damaged? <input type="checkbox"/> Y <input type="checkbox"/> N Container Damaged? <input type="checkbox"/> Y <input type="checkbox"/> N Sample(s) Leaking? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Ship Via:</b> <input type="checkbox"/> UPS <input type="checkbox"/> DHL <input type="checkbox"/> FEDEX <input type="checkbox"/> MAIL <input type="checkbox"/> MSG <input type="checkbox"/> IN PERSON  <b>Tracking Number:</b> _____	<b>Due Date:</b> _____  <b>Invoice Number:</b> _____
Additional Comments: _____		Received By: _____	Date & Time: _____