



Customer Order Request and Chain of Custody Record

3700 Pacific HWY E., STE 400, Fife, WA 98424 Ph: (253) 382-6900

Customer fills out all white areas as necessary

Company	Transportation Manifest # (if relevant)
Contact Name First _____ Last _____	
Address	Paperwork inspection (lab use only)
City _____ State _____ Zip _____	Manifest received Y N Initials, date & time:
Contact phone:	Results due:
Email:	

Sample information			Check one per sample		Analysis Requested <i>(check all tests desired for each sample)</i>											Special instructions or notes	Laboratory ID <i>(lab use only)</i>
Sample Name	Matrix <i>(flower, conc, topical, edible, hash,, intermediate)</i>	Last 4 of LEAF Inventory ID#	I-502 compliant (LEAF)	R&D or Non-QA	Cannabinoid	Terpenes	Microbial	Mycotoxin	Res. solvent	Pesticides	Heavy Metals	Moisture %, a _w	RUSH? Indicate 1, 2 or 3 day rush *				

(to be completed upon sample exchange)

Chain of Custody	Printed Name	Company	Date & time
Relinquished / delivered by			
Received by			

Rush fees (per sample): 1-day = \$75, 2-day \$50 3-day \$25 **We do not accept electronic payments. Cash, Check or Money Order*