



CHAIN OF CUSTODY

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Company Info Company: _____ Address: _____ City: _____ State: _____ Zip: _____	Contact Info Name: _____ Email: _____ Phone: _____	Payment Method _____ Cash _____ Check _____ Credit Card Do you want a hard copy of the Certificate of Analysis for an additional \$2? (yes / no)
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SAMPLE INFO		SERVICE REQUEST						SAMPLE DESCRIPTION		
#	Sample Name	Batch or Sample ID	Potency: HPLC	Potency: GC - FID	Moisture Content	Heavy Metals	Pesticides	Mycotoxins	Plant Material (fresh or dried) or Product Matrix (solvent, oil, lotion, etc.)	Approximate Concentration of CBD (if known)
1										
2										
3										
4										
5										
6										
7										
8										

<input checked="" type="checkbox"/> By signing this document, I understand and accept East Coast Cannalytics' Standard Terms and Conditions. Terms and Conditions can be found at www.eccannalytics.com or by email upon request	Notes:				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; border-top: none;"></td> <td style="width: 50%; border-bottom: 1px solid black; border-top: none;"></td> </tr> <tr> <td style="border-top: none; font-size: small;">First / Last Name</td> <td style="border-top: none; font-size: small;">Signature Date</td> </tr> </table>			First / Last Name	Signature Date	
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