



ACCOUNT NUMBER: _____
(Lab use only)

ACCOUNT DETAILS

Account Name: _____ Date: _____

Account Type: _____
HEMP MEDICAL CANNABIS ADULT USE CONDITIONAL CULTIVATOR ADULT-USE CONDITIONAL PROCESSOR OTHER: _____

Primary Contact Name: _____ Primary Contact Phone#: _____

Primary Contact Email: _____ Fax#: _____

Address: _____

City: _____ State: _____ Zip: _____

License Type _____ License Number (if applicable): _____

FACILITY DETAILS

Number of Facilities: _____
Name of Facilities: _____

REPORT DELIVERY OPTIONS

Confident Cannabis – ONLINE ACCESS **MUST COMPLETE TRAINING**

HARD COPY FAX # _____ E-MAIL _____

TESTING VOLUME ESTIMATES

Approximate # of Samples per week: _____

Approximate # of Finished Product Full Compliance Panels per week: _____

Approximate # of In-Process Samples per week: _____

Approximate # of Environmental Samples per week: _____



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SAMPLE DROP-OFF SCHEDULE

COURIER DROP-OFF USPS MAIL TBD AT TIME OF ORDER

ALL SAMPLES MUST BE SHIPPED WITH CHAIN OF CUSTODY DOCUMENTATION

NOTE: ALL CANNABIS SAMPLES MUST BE TRANSPORTED BY A LICENSED COURIER AND DELIVERED DIRECTLY TO LABORATORY PERSONNEL FOLLOWING CONTROLLED SUBSTANCE PROTOCOLS.

DROP-OFF DAYS/HOURS: PLEASE INDICATE WHICH DAY YOU INTEND TO DELIVER SAMPLES

The laboratory is open and staffed for sample receipt from 9 AM – 5 PM Monday-Friday (excluding holidays).

MONDAY TUESDAY _____ WEDNESDAY _____
 THURSDAY _____ FRIDAY _____

MATRICES TO BE TESTED

FINISHED PRODUCTS

FLOWER	CAPSULE	TINCTURE/ORAL SOLUTION	LOZENGE
VAPE CARTRIDGE	CHEWABLE TABLET	CONCENTRATE/BULK OIL/EXTRACT	TOPICAL
DISPOSABLE VAPE	TABLET	CHEW/GUMMY	SUPPOSITORY
TRANSDERMAL PATCH	BEVERAGE	METERED DOSE INHALER	POWDER
EFFERVESCENT TABLET	OTHER: _____		

IN-PROCESS TESTING

FLOWER (WET)	EXTRACT/CONCENTRATE	<input type="checkbox"/> BULK FORMULATION
FLOWER (DRY)	DISTILLATE	OTHER: _____

ENVIRONMENTAL

SURFACES

NOTES: _____