

CALIFORNIA ANALYSIS REQUEST

Client to complete one form per batch to be sampled and tested.

Carefully review applicable sampling and testing rules prior to completing and signing.

CLIENT USE (SECTION 1 OF 2)			
Lab Name & License			
Client: (Distributor in CA Only)	Name: Address: License No:		
Cultivator, Manufacturer or Microbusiness: CA Only	Name: Address: License No:		
Client Category	<input type="checkbox"/> Distributor <input type="checkbox"/> Cultivator <input type="checkbox"/> Manufacturer <input type="checkbox"/> Microbusiness <input type="checkbox"/> Individual		
Product/Strain Name:		Harvest/Production Date:	
Batch ID:		Unit of Sale/Num. Units	/
Batch Weight:			
Product Category: (Sample Matrix)	<input type="checkbox"/> Cannabis (Flower) <input type="checkbox"/> Conc./Extract (liquid) <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Hemp <input type="checkbox"/> Cannabis (Leaf/Trim) <input type="checkbox"/> Conc./Extract (solid) <input type="checkbox"/> Other: _____		
Product Type:	<input type="checkbox"/> Flower – cured <input type="checkbox"/> Leaf – Fresh <input type="checkbox"/> Trim <input type="checkbox"/> Preroll <input type="checkbox"/> Enhanced Preroll <input type="checkbox"/> Hash Oil <input type="checkbox"/> Wax <input type="checkbox"/> Shatter <input type="checkbox"/> Kief <input type="checkbox"/> RSO <input type="checkbox"/> Live Resin <input type="checkbox"/> Rosin <input type="checkbox"/> Distillate <input type="checkbox"/> Isolate <input type="checkbox"/> Butter <input type="checkbox"/> Capsule <input type="checkbox"/> Baked Good <input type="checkbox"/> Tincture <input type="checkbox"/> Syrup/Honey <input type="checkbox"/> Liquid Fats (Oils) <input type="checkbox"/> Soft Chews <input type="checkbox"/> Lotion <input type="checkbox"/> Salve <input type="checkbox"/> Transdermal Patch		
Cultivation Method: <i>Required, if applicable</i>	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Greenhouse <input type="checkbox"/> Greenhouse/Light Dep.	Production Method (CO2, butane, etc)	<i>If applicable</i>
Testing Type	<input type="checkbox"/> Compliance <input type="checkbox"/> Homogeneity <input type="checkbox"/> R&D Only		<input type="checkbox"/> Retest <i>If retesting, attach prior results</i>
Requested Services:	<input type="checkbox"/> Moisture Content <input type="checkbox"/> Potency <input type="checkbox"/> Pesticides <input type="checkbox"/> Solvents <input type="checkbox"/> Terpenes <input type="checkbox"/> Microbial Impurities		
Client Signature / Date:	Client attests to the accuracy of the information provided above and authorizes the laboratory to complete the requested services. Client recognizes that the Laboratory offers no guarantee on turnaround time. Client is bound to the Terms of Service agreement		

EVIO Lab ID: _____



Sampling Batch ID: _____

Order Created: _____

LABORATORY USE (SECTION 2 OF 2)										
SAMPLING	Sampler Name and Title									
	Lab Sample ID		Start Date/Time		End Date/Time					
	# of Containers		# of Increments		Total Sample Mass (g)					
	Sampling Conditions (°C)		Preservation?		Increments combined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tamper sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sampling Notes/Issues:									
	Sample Comments: <i>(target potency, requests)</i>									
RECEIVING	Sample Receipt Conditions:		<input type="checkbox"/> Tamper-proof custody seals are intact.							
			<input type="checkbox"/> Sample containers are intact and show no signs of cross-contamination or degradation.							
			<input type="checkbox"/> Laboratory IDs are clearly marked on sample containers and agree with sampling documentation.							
			<input type="checkbox"/> Samples are preserved appropriately for sample type and requested analyses.							
			<input type="checkbox"/> Sample is chilled or in the process of cooling.				Temp (°C)			
	Received By:				Date:			Time:		