

EVIO LABS – Portland
 ORELAP # 4088 / OLCC # 010-10046111391
 14775 SW 74th Ave
 Tigard, OR 97224
 portland@eviolabs.com
 (503) 954-3992



CHAIN OF CUSTODY / ORDER FORM - OREGON

Sampling Date & Time:	Sampled By:	Location of Sampling / Order: <input type="checkbox"/> Client Facility <input type="checkbox"/> EVIO Labs – Medford <input type="checkbox"/> EVIO Labs – Portland	
Client:	Licensee Number:	License Type: <input type="checkbox"/> OLCC <input type="checkbox"/> OMMP <input type="checkbox"/> ODA <input type="checkbox"/> None	Current METRC User? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	City, State, Zip:		
Phone:	Email:		

	Sample Name or Strain Name	LIMS Sample Number	Batch ID	Sample METRC Tag Number <i>(last 4 digits)</i>	Client METRC Tag Number <i>(last 4 digits)</i>	Sample Size <i>(grams or units)</i>	Check if applicable		MATRIX					ANALYSIS					Price	
							Personal Use	R & D	Flower / Trim	Industrial Hemp	*Extract	*Concentrate	Edible / Topical	Cannabinoid Profile	Moisture	Pesticide Screening	Water Activity	Terpene Profile		Residual Solvents
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

LAB USE ONLY Departure Temperature/Humidity: _____ °C _____ % Arrival Temperature/Humidity: _____ °C _____ %	*Type of concentrate or extract (if applicable)	TOTAL DUE:
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I, the undersigned, certify: ¹I am an employee/representative of the above listed Entity; ²all samples are provided for the purposes of testing as outlined above; ³I have seven days from receiving test results to request a re-analysis in the event of a failure; ⁴all items submitted, including unused materials for testing, will be disposed of as required by the State of Oregon at the conclusion of testing; ⁵EVIO reserves the right to withhold reports until payment is made in full; ⁶late payments shall be assessed a fee of \$30 plus interest of 1.5% of the outstanding balance per month; ⁷EVIO may subcontract testing services to another ORELAP accredited testing lab.

RELINQUISHED BY:
 Printed Name: _____ Signature: _____ Date/Time: _____

RECEIVED BY:
 Printed Name: _____ Signature: _____ Date/Time: _____

- BILL CLIENT
 - PRE-PAID ACCOUNT
 - CREDIT CARD ON FILE
 - PAID
 - Cash
 - Check, # _____
 - Card, Conf. # _____
- Page _____ of _____