



HEMP/CBD Sample Submission Form and Chain of Custody

SUBMITTER INFORMATION

NAME/CONTACT _____

COMPANY _____

LICENSE # _____

EMAIL _____

PHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

PREFERRED PAYMENT Money Order Check Purchase Order Credit Card (2.7 % Fee)

**If e-mail address is provided, results are to be sent via e-mail unless otherwise stated by submitter.*

LIMS ID (Completed by Lab Personnel)	CUSTOMER'S UNIQUE SAMPLE ID (i.e. Strain name, product name, batch number)	SAMPLE TYPE (i.e. Flower, Extract, Infused, etc.)	CANNABINOIDS	MYCOTOXINS	PESTICIDES	METALS
			\$75	\$100	\$250	\$200
SAMPLE INFORMATION			*Please Place X in column of desired Testing			

CHAIN OF CUSTODY

*Relinquished By:	_____	Date & Time:	_____
Received By:	_____	Date & Time:	_____
Relinquished By:	_____	Date & Time:	_____
Received By:	_____	Date & Time:	_____
Relinquished By:	_____	Date & Time:	_____
Received By:	_____	Date & Time:	_____

**Please relinquish sample(s) to the MSCL by signing the first box in the box below.*

MISSISSIPPI STATE UNIVERSITY™
MISSISSIPPI STATE CHEMICAL LABORATORY
ISO/IEC 17025:2005 Accredited



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