

Hemp Sample Intake Form

Client Contact Information

Contact Name	Company Name	E-mail	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sample Identification Information

Sample Name	Batch # <i>(if applicable)</i>	Testing code(s) *	Matrix **	— AlliedHempLabs Use Only —	
				Weight	Sample ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Additional Sample Information

*** TESTING CODES**

- MB** — microbiological contaminants screen
- WA** — water activity
- MC** — moisture content
- CN** — cannabinoid profile
- HM** — heavy metals screen
- TP** — terpene profile
- VC** — residual solvents screen
- MY** — mycotoxin screen
- PS** — pesticide screen

**** MATRIX**

- Flower**
- Concentrate**
- Isolate**
- Infused product (HIP)**
* Results reported in mg/g

By signing below, client certifies they are preparing and sending the sample submission in compliance with Federal law (including, but not limited to, the United States Agriculture Improvement Act of 2018) and all applicable laws that apply in the submitter's State. The client further certifies that the sample(s) being submitted to *AlliedHempLabs* are for testing purposes only and are not intended for distribution or consumption under any circumstances. The client understands and agrees that once *AlliedHempLabs* posts the final report for the requested tests, the final report cannot be altered. The client further certifies to the best of client's knowledge, information, and belief, that the sample being submitted is not marijuana.

Signature	Date
<input type="text"/>	<input type="text"/>

Please note:
Payment for testing services is due at time of sample submission.

AlliedHempLabs Administrative Use Only

Employee Print Name	Employee Signature / Date
<input type="text"/>	<input type="text"/>

Notes

Invoice Paid: check # _____ LIMS