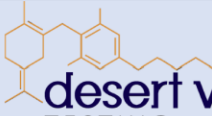


# HOW TO COMPLETE YOUR CHAIN OF CUSTODY

Desert Valley Testing DVTFORM-006 Rev 7.0



**desert valley**  
TESTING  
**CHAIN OF CUSTODY**  
info@desertvalleytesting.com  
51 W Weldon Ave.  
Phoenix, AZ 85013  
480-788-6644  
www.desertvalleytesting.com

Client Name: The contact information as you would like it to appear on your reports.

Phone: \_\_\_\_\_

Contacts: Main contacts we can reach for questions.

Agent Number & Expiration Date: If you're testing cannabis, include your DA/patient information here.

Address: Your address.

Email: All emails you want to receive results.

How the sample was received. Mark if a questionnaire is included.

Amount of sample received. Amount Submitted (g or mL) \*REQUIRED\*

Lab Number (for lab use only)

Check box if card is on file

Tests to be completed:

Potency by HPLC	Terpenes	Residual Solvents	Trace Metals ***	Pesticides	pH Test	Water Activity	Moisture Content	**Microbial Analysis
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Matrix:

Plant	Concentrate/Extract	Ingestible	Topical
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Page \_\_\_\_ of \_\_\_\_

Samples received as:

Drop off ☐

Pick up ☐

By Mail ☐

Questionnaire? Yes ☐ No ☐

**\*\*Microbial Testing:**

Yeast & Mold ☒

Coliform/E.coli ☐

Aerobic ☐

Enterobacteria ☐

Salmonella ☐

Mycotoxins ☐

Check which Microbial test you want:

	Sample Name	Batch Number	Sampled By: Time & Date	Amount Submitted (g or mL) *REQUIRED*	Potency by HPLC	Terpenes	Residual Solvents	Trace Metals ***	Pesticides	pH Test	Water Activity	Moisture Content	**Microbial Analysis	Plant	Concentrate/Extract	Ingestible	Topical	
1	Sample Name		J.Smith 5/12 1pm	1	X										X			Rush Order
2	Sample Name II	123-45-67890	J.Smith 5/12 1:05pm	2	X								X	X				
3																		<p>Work Order notes: (Sample Condition, Special Storage Requirement, Special Instructions)</p>
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

\*\*\*Analyzed by LP Analytical 2328 East Van Buren Street, Suite 102, Phoenix, AZ 85006

All samples will be disposed of after 1 calendar month. Payment is due upon submission.

Relinquished by client: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Sample Received: Dry ☐ Wet ☐ Temp: Cold ☐ Room Temp ☐ Hot ☐

Received by DVT: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Print, sign, date these boxes to relinquish your samples for DVT to test.

LAB USE ONLY

Discard Information Only