desert valley TESTING

CHAIN OF CUSTODY

info@desertvalleytesting.com
51 W Weldon Ave.
Phoenix, AZ 85013
480-788-6644
www.desertvalleytesting.com

Client Name:

Phone:

Contacts:

Agent Number & Expiration Date:

Check box if card is on file

Address:

Email:

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

	Sample Name	Batch Number	Sampled By: Time & Date	Lab Number (for lab use only)	Amount Submitted (g or mL) *REQUIRED*	Tests to be completed: Potency by HPLC	Terpenes	Residual Solvents	Trace Metals ***	Pesticides	pH Test	Water Activity	Moisture Content	**Microbial Analysis	Matrix: Plant	Concentrate|Extract	Ingestible	Topical
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

Rush Order

Next Day:

Work Order notes: (Sample Condition, Special Storage Requirement, Special Instructions)

***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.

Sample Received: Dry Wet

Temp: Cold Room Temp Hot

Relinquished by client: (Print)

Signature: Date and Time:

Received by DVT: Date and Time:

Discard Information Only