						Desert Valley Testing DVTFORM-											
	Client Name:					ess:	Page of										
	Phone:			<u> </u>	l											Samples received as Drop off	
desert valley				!	Pick up												
	Authorized Contacts:					:	By Mail										
CHAIN OF CUSTODY				l											Questionnaire?		
info@desertvalleytesting.com 51 W Weldon Ave.				1												Yes No	
Phoenix, AZ 85013	Agent Number & Expiration D	Date:	Check box if card is on fi	file:												**Microbial Testing:	
480-788-6644		(DVT Use	<u> </u>		Yeast & Mold												
www.desertvalleytesting.com					Tests	to be	e comple	eted:	_				Matri	ix:	—	Coliform/E.coli	
Sample Name		Sampled By: Time & Date	Lab Number (for lab use only)	ZED*	1		S				ا يا	* * %		act		Aerobic Enterobacteria	
				Amount Submitted (g or mL) *REQUIRED*	PLC		lvent	n		≥	Moisture Content	alysi		Concentrate\Extract		Salmonella	
	Batch Number			Subn) *RE	Potency by HPLC	Se	Residual Solvents Trace Metals	les es		Water Activity	ပိ	Microbial Analysis**		trate	ē	Mycotoxins	
				ount:		Terpenes	sidus	Pesticides	pH Test	iter A	istur	robi	펕	ncen	Ingestible	Aspergillus-qPCR	
				Am. (g c	Pot	Ter	A Reg	- P	Ha	Wa	Mo	Mic	Plant	Ö	Ing F		
1			'													Salmonella-qPCR	
																Work Order notes	
2				\vdash												(Sample Condition,	
3		<u> </u>		igsqcut	\sqcup	_	\perp			<u> </u>					\perp	Special Storage Requirement, Specia	
4																Instructions):	
5			,													7	
6																	
7																7	
8																	
9																7	
10																	
11																7	
12																	
13																7	
14																	
All samples will be disposed of after 1 calendar month. Payment is due upon so Relinquished by (if applicable): (Print)			Sample Received: Temp: Dry Wet Freezer Refrigerated Amb Received by (if applicable): Date and Time:						bient	Discard Information Onl							
Relinquished by (if applicable): (Print) Signature: Date and Time:			Agent Number & Expiration D	Date:												_	
Relinquished by (if applicable): (Print)	Date and Time.		Received by (if applicable):	Jaic.		—			—	—	—	Date	and T	īme:	—	4	
Signature:	Agent Number & Expiration Date:													_			
Relinquished to DVT: (Print)		ceived by DVT: Date and Time:															