


HOW TO COMPLETE YOUR CHAIN OF CUSTODY

How many pages
in the order.

 CHAIN OF CUSTODY info@desertvalleytesting.com 51 W Weldon Ave. Phoenix, AZ 85013 480-788-6644 www.desertvalleytesting.com		Client Name: Phone: Authorized Contacts: Agent Number & Expiration Date:		Address: Email: Tests to be completed:		Matrix:		Desert Valley Testing DVTFORM-006 Rev 10.0											
		The contact information as you would like it to appear on your reports.		Your address.		How the sample was received.		Page <u> </u> of <u> </u> Samples received as: Drop off <input type="checkbox"/> Pick up <input type="checkbox"/> By Mail <input type="checkbox"/> Questionnaire? Yes <input type="checkbox"/> No <input type="checkbox"/> **Microbial Testing: Yeast & Mold <input checked="" type="checkbox"/> Coliform/E.coli <input type="checkbox"/> Aerobic <input type="checkbox"/> Enterobacteria <input type="checkbox"/> Salmonella <input type="checkbox"/> Mycotoxins <input type="checkbox"/> Aspergillus-qPCR <input type="checkbox"/> E. coli-qPCR <input type="checkbox"/> Salmonella-qPCR <input type="checkbox"/>											
		Main contacts we can reach for questions.		Mark if a questionnaire is included.															
		If you're testing cannabis, include your DA/patient information here.		All emails you want to receive results.															
Sample Name	Batch Number	Sampled By: Time & Date	Amount of sample received. (for lab use only)	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	Work Order notes (Sample Condition, Special Storage Requirement, Special Instructions):	
1 Sample Name		J.Smith 5/12 1pm		1	X										X				
2 Sample Name II	123-45-67890	J.Smith 5/12 1:05pm		2	X								X	X					
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
All samples will be disposed of after 1 calendar month.				Payment is due upon submission.				Sample Received: Dry <input type="checkbox"/> Wet <input type="checkbox"/> Temp: Freezer <input type="checkbox"/> Refrigerated <input type="checkbox"/> Ambient <input type="checkbox"/>				Discard Information Only							
Relinquished by (if applicable): (Print)				Received by (if applicable):				Date and Time:											
Signature:				Date and Time:				Agent Number & Expiration Date:											
Relinquished by (if applicable): (Print)				Received by (if applicable):				Date and Time:											
Signature:				Date and Time:				Agent Number & Expiration Date:				LAB USE ONLY							
Relinquished to DVT: (Print)				Signature:				Date and Time:				Received by DVT:							
Signature:				Date and Time:				Received by DVT:				Date and Time:							

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

Check which Microbial test you want:

Any additional information you may have about your sample.