


HOW TO COMPLETE YOUR CHAIN OF CUSTODY

How many pages in the order.



desert valley TESTING
CHAIN OF CUSTODY
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Client Name: The contact information as you would like it to appear on your reports.

Phone: _____

Authorized Contacts: Main contacts we can reach for questions.

Agent Number & Expiration Date: _____ Check box if card is on file: (DVT Use Only)

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.

Page of

Samples received as:

Drop off

Pick up

By Mail

Questionnaire? Yes No

****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"/>
E.Coli	<input type="checkbox"/>
Aspergillus-qPCR	<input type="checkbox"/>
Salmonella-qPCR	<input type="checkbox"/>

Sample Name	Batch Number	Sampled By: Time & Date	Amount of sample received. (for lab use only)	Amount Submitted (g or mL) *REQUIRED*	Tests to be completed:											Matrix:					
					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	Amount of sample received.	1	<input checked="" type="checkbox"/>													<input checked="" type="checkbox"/>			
2 Sample Name II	123-45-67890	J.Smith 5/12 1:05pm		2	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
3																					
4																					
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10																					
11																					
12																					
13																					
14																					

The names of the samples as you would like them to appear on the report.

Batch number, if applicable.

All samples need to have the date, time, and who collected the sample.

Lab number is assigned by DVT for our reference.

Each sample should have at least two boxes checked. The test wanted and the sample matrix (type).

Any additional information you may have about your sample.

Check which Microbial test you want:

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

Sample Received: Dry Wet Temp: Freezer Refrigerated Ambient

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: _____

Relinquished to DVT: (Print) _____ Signature: _____ Date and Time: _____

Received by DVT: _____ Date and Time: _____

LAB USE ONLY

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