desert valley TESTING

CHAIN OF CUSTODY

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

Client Name:

Phone:

Contacts:

Agent Number & Expiration Date:

Check box if DA 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

RUSH Services:
Next Day by 5pm

Samples numbers:

Sample Conditions

Work order Notes:

	Sample Name	Batch Number	Lab Number (for lab use only)	Amount Submitted (g or mL) *REQUIRED*	Tests to be completed: Cannibinoid Profile by HPLC	Terpenes	Residual Solvents	Trace Metals ***	Pesticides	Bottle Rinse	Water Activity	Moisture Content	**Microbial Analysis	Matrix: Flower	Concentrate	Products	List Matrix
1																	
2																	
3																	
4																	
5																	
6																	
7																	
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18																	
19																	
20																	

***Analyzed by LP Analytical 2328 East Van Buren Street, Suite 102, Phoenix, AZ 85006
All samples are disposed of after 10 business days

Sample Received: Dry Wet

Temp: Cold Room Temp Hot

Lab discard date:

Discard Initial:

Relinquished by client: (PRINT)

Signature: Date and time:

Received by DVT:

Date:

Time: