k . 1	Client Name:					Address:														
desert valley	Phone:																			
~ ueser i valley	Authorized Contrator				F	1-												Pick Up		
CHAIN OF CUSTODY	Authorized Contacts:				Email	ı:												Mail Questionnaire?		
info@desertvalleytesting.com 51 W Weldon Ave.																		Yes No		
Phoenix, AZ 85013																		**Microbial Analysis		
480-788-6644																		Yeast & Mold		
www.desertvalleytesting.com					Tests to be completed:									Matrix:				Coliform		
Sample Name	Batch Number	Sampled By: Time & Date	Lab Number (for lab use only)	Amount Submitted (g or mL) *REQUIRED*									Microbial Analysis**	1 !	act			Aerobic		
							ents		_			Moisture Content		1 !	Extra			Enterobacteria		
						" <u>9</u>	Residual Solvents Trace Metals	S	r esticides Pendimethalin		Water Activity			1 !	ate\[Mycotoxins E.Coli		
		Tille & Date	(for lab use offly)	int St nL)*	cy	saue	dual Me	cide	ime	est	r Ac	ture	bial	1!	entr	stible	sal	Aspergillus-qPCR		
				Amor g or I	Potency	Terpenes	Resid	Pesticides	Penc	pH Test	Nate	Mois	Micro	Plant	Concentrate\Extract	Ingestible	Topical	Salmonella-qPCR		
1)						<u> </u>		1	_		J			Work Order notes		
2																		(Sample Condition, Special Storage		
																		Requirement, Specia Instructions):		
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Relinquished to DVT: (Print)	Signature:	Date and Time:	Received by DVT: (Signatu	re)	C	ate a	nd Tim	e:			Tem	pera	ture l	Recei	ived:			Discard		
		I							Frozen Refriger			riger	rated Ambient			nt	Information Only			
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NOTES: (For Lab Use Only)																				
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