desert valley TESTING

CHAIN OF CUSTODY

info@desertvalleytesting.com
51 W Weldon Ave. Phoenix, AZ 85013
480-788-6644
License #: 00000003LCIN00627986
www.desertvalleytesting.com

Client Name:

Phone:

Authorized Contacts:

License #:

Address:

Email:

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Samples Received By:	
Drop Off	
Pick Up	
Mail	

****Matrix Type Key**	
Plant	**P**
Concentrate	**C**
Ingestible	**I**
Topical	**T**

Sample Name	Batch Number	Sampled By: Time & Date	Lab Number (for lab use only)	Amount Submitted (g or mL) *REQUIRED*	**Matrix Type	Chemical Analysis: Potency	Residual Solvents	Trace Metals	Pesticides	Pendimethalin	Terpenes	Water Activity	Moisture Content	pH	Microbial Analysis: E.Coli	Salmonella RT-PCR	Aspergillus RT-PCR	Mycotoxins	Aerobic Plate Count	Yeast & Mold	Coliform	Client Notes: (sample condition, special storage requirement, special instructions)

Relinquished to DVT: (Print)	Signature:	Date and Time:	Received by DVT: (Signature)	Date and Time:

Notes: (FOR LAB USE ONLY)

Temperature Received:		
Frozen	**Refrigerated**	**Ambient**