desert valley TESTING

# CHAIN OF CUSTODY

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**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: | | | | | | | | | Microbial Analysis: | | | | | | | Client Notes: (sample condition, special storage requirement, special instructions) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | **Potency** (SOP-003) | **Residual Solvents** (SOP-004) | **Trace Metals** (SOP-035) | **Pesticides** (SOP-011 & SOP-038) | **Pendimethalin** (SOP-011) | **Terpenes** (SOP-005) | **Water Activity** (SOP-007) | **Moisture Content** (SOP-008) | **pH** (SOP-022) | **E.Coli** (SOP-023) | **Salmonella** (SOP-028) | **Aspergillus** (SOP-015) | **Mycotoxins** (SOP-038) | **Aerobic Plate Count** (SOP-006) | **Yeast & Mold** (SOP-006) | **Coliform** (SOP-006) | |
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| 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** |
| | | |