



**CHAIN OF CUSTODY**  
 51 W Weldon Ave, Phoenix, AZ 85013  
 480-788-6644  
 www.desertvalleytesting.com  
 License #: 00000003LCIN00627986  
 ISO 17025:2017 Certificate #: AT-2837  
 \*Analysis is licensed and accredited

Client Name: **COMPANY NAME** THIS NAME WILL APPEAR ON YOUR FINAL COA.  
 Phone: **(480)788-6644** THIS SHOULD BE YOUR BEST CONTACT NUMBER.  
 Authorized Contacts: **JANE SMITH JACK HERER** ALL NAMES LISTED HERE WILL BE THE ONLY PEOPLE WHO ARE ALLOWED ACCESS TO YOUR ACCOUNT.  
**JOHN SMITH RICK SIMPSON**

Address: **123 ALPHABET STREET** THIS SHOULD BE YOUR BILLING OR FACILITY ADDRESS.  
**PHOENIX, AZ 85013**  
 Email: **JANE@COMPANY.COM** ANY EMAILS YOU WANT TO RECEIVE RESULTS OR BE CONTACTED REGARDING TESTING  
**JOHN@COMPANY.COM**  
**JACK@COMPANY.COM**  
**RICK@COMPANY.COM**

Page \_\_\_ of \_\_\_  
 Samples Received By:  
 Drop Off  
 Pick Up  
 Mail  
 \*\*Matrix Type Key  
 Plant P  
 Concentrate C  
 Ingestible I  
 Topical T

License #:

Chemical Analysis: Microbial Analysis:

Sample Name	Batch Number	Sampled Date & Time	Lab Number (for lab use only)  AMOUNT OF SAMPLE SUBMITTED G OR ML	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)	Heavy Metals* (SOP-035)	Pesticides* (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-011)	Aerobic Plate Count (SOP-006)	Yeast & Mold (SOP-006)	Coliform (SOP-006)						
SAMPLE NAME 1	123-45-6789	J.SMITH 4/11/22 9AM		8G	C	X	X	X	X								X	X	X	X						
SAMPLE NAME 2	N/A	J.SMITH 4/11/22 9AM		2ML	I	X																				
WRITE THE SAMPLE NAMES AS YOU WOULD LIKE THEM TO APPEAR ON YOUR COA. SAMPLE NAMES SHOULD MATCH WITH SUBMITTED SAMPLE.		BATCH NUMBER, IF APPLICABLE.		DATE, TIME, AND NAME OF WHO COLLECTED THE SAMPLE		MATRIX TYPE, REFER TO MATRIX KEY		MARK EACH TEST REQUESTED FOR EACH SAMPLE																		
			LAB USE ONLY																							

Relinquished to DVT: (Print) **JANE SMITH** Signature: *Jane Smith* Date and Time: **4/20/2023 12AM** Received by DVT: (Signature) \_\_\_\_\_ Date and Time: \_\_\_\_\_

Notes: (for lab use only) **LAB USE ONLY** Storage Temperature: Frozen Refrigerated Ambient