

# Cannabis Testing Order Form

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NAME		PHONE		DATE SUBMITTED	
<hr/>		<hr/>		<hr/>	
EMAIL		ADDRESS		CANNABIS	COMPLIANCE
<hr/>		<hr/>		HEMP	R&D
LICENSE #	CITY	STATE	ZIP	ORDER NOTES	

## Sample Information

## Tests Requested

	SAMPLE NAME / BATCH #	SAMPLE TYPE	SERVING SIZE	# PER PACKAGE	EXPECTED CBD/THC	CANNABINOID POTENCY	TERPENES	PESTICIDE SCREENING	MICRO-BIOLOGICAL IMPURITIES	RESIDUAL SOLVENTS	HEAVY METALS	MYCOTOXINS	MOISTURE CONTENT	GENETIC SEX TEST	FULL COMPLIANCE PANEL
1					/										
2					/										
3					/										
4					/										
5					/										
6					/										
7					/										
8					/										
9					/										
10					/										

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ACCEPTANCE OF CUSTODY (SMITHERS)	DATE	RELEASE OF CUSTODY (CLIENT)	DATE

*By signing, I verify the information on this form is true and correct and acknowledge that the required sample size has been provided. All samples are subject to be destroyed after 30 business days after analysis unless otherwise requested. Smithers IL Cannabis Testing Services uses simple acceptance for all pass/fail results. I understand that I must contact the laboratory in advance to request alternate criteria.*

**Contact us for expedited service!**

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