

# Additional Services Order Form

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

## Sample Information

## Tests Requested

	SAMPLE NAME / BATCH #	SAMPLE TYPE	SERVING SIZE	# PER PACKAGE	EXPECTED CBD/THC	HOMOGENEITY	GENETIC SEX TESTING	HOP LATENT VIROID	WATER ACTIVITY	ENVIRONMENTAL SAMPLING
1					/					
2					/					
3					/					
4					/					
5					/					
6					/					
7					/					
8					/					
9					/					
10					/					

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