



Today's Date: ★ \_\_\_\_\_

## Sample Intake Form

INTERNAL USE  
Customer # \_\_\_\_\_

### CUSTOMER INFORMATION

★ \_\_\_\_\_  
COMPANY NAME

★ \_\_\_\_\_  
EMAIL ADDRESS

★ \_\_\_\_\_  
PHONE NUMBER

### SAMPLE INFORMATION

SAMPLE ID	SAMPLE DESCRIPTION	SAMPLE TYPE	APPROX. CONCENTRATION	SAMPLE CONTAINS?
INTERNAL USE	1 ★ NOTE: If testing tincture, please specify the base it is in (MCT, Olive Oil, Ethanol, etc.)	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	2	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	3	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	4	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	5	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	6	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	7	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	8	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	9	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____
	10	<input type="checkbox"/> Flower/Plant <input type="checkbox"/> Extract/Distillate <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Other _____	<input type="checkbox"/> _____ (%) <input type="checkbox"/> _____ mg / ea. <input type="checkbox"/> _____ mg / pkg. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> THC-O <input type="checkbox"/> HHC-O <input type="checkbox"/> THC-P <input type="checkbox"/> HHC-P <input type="checkbox"/> Other _____

NOTES: Anything unusual about the order or samples, or other special requests regarding the report?