

# HEMP ANALYSIS REQUEST FORM

## GROWER / PROCESSOR ACCOUNT INFORMATION

Name:		Phone No.:	
Address:			
Email:		License No.:	

NO.	PLOT/FIELD NAME	SAMPLE NAME	VARIETY	DATE SAMPLED
1				
2				
3				
4				
5				

## ANALYSIS OPTIONS

①	②	③	④	⑤	Cannabinoid Profile.....	\$ 75
①	②	③	④	⑤	Heavy Metals.....	\$200
①	②	③	④	⑤	Microbials.....	\$200
①	②	③	④	⑤	Pesticides and Mycotoxins.....	\$300
①	②	③	④	⑤	Residual Solvents.....	\$150
①	②	③	④	⑤	Terpenes.....	\$120
①	②	③	④	⑤	Potency, Pesticides, and Mycotoxins.....	\$345
①	②	③	④	⑤	Potency, Pesticides, Mycotoxins, and Terpenes.....	\$425
①	②	③	④	⑤	Potency, Pesticides, Mycotoxins, and Residual Solvents.....	\$455
①	②	③	④	⑤	Potency, Pesticides, Mycotoxins, and Microbials.....	\$500
①	②	③	④	⑤	Potency, Pesticides, Mycotoxins, Microbials, and Heavy Metals.....	\$650
①	②	③	④	⑤	Potency, Pesticides, Mycotoxins, and Heavy Metals.....	\$500
①	②	③	④	⑤	Potency, Pesticides, Mycotoxins, Heavy Metals, and Residual Solvents.....	\$610
①	②	③	④	⑤	Full Panel (All of the above).....	\$775

## PAYMENT INFORMATION

Check Enclosed – Please indicate check number:

Name on Card:

Credit Card Number:

- - -

Expiration Date:

CVV:

I authorize the above-named business to charge the credit card indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment so long as the transaction corresponds to the terms indicated in this form.

Signature:

## ROCK RIVER LABORATORY CHAIN OF CUSTODY FORM - FOR LAB USE ONLY -

<b>RELINQUISHED FROM CLIENT</b>			
Date:	Time:	No. of Samples:	Received by:

<b>SAMPLE TRANSFER NO. 1 (IF APPLICABLE)</b>				
Date	Time	No. of Samples:	Relinquished by:	Received by:

<b>SAMPLE TRANSFER NO. 2 (IF APPLICABLE)</b>				
Date	Time	No. of Samples:	Relinquished by:	Received by:

<b>SAMPLE TRANSFER NO. 3 (IF APPLICABLE)</b>				
Date	Time	No. of Samples:	Relinquished by:	Received by: