



Clinical Science Laboratory

Hemp Testing Division

51 Francis Avenue
Mansfield, MA 02048

Hemp Safety & Compliance Testing

Chain of Custody



Scan For Digital Copy

Form: ITL-FORM-7205

Company Information

Name _____
Address _____
City _____ State _____ Zip _____
State License Number (If Applicable) _____

Client Information

Name _____
Title _____
Email _____
Phone _____

Results Recipient Information

Name _____
Address _____
City _____ State _____ Zip _____
Email _____ Phone _____

Sample Number	Sample/Batch ID	Matrix Type	Select Test(s):											Total Price Per Line Item
			Mark box to select tests for each sample											
			POT	MOI	TER	HM	PES	RS	MYC	MCR	FP (5-Day)	FP (4-Day)	FP (3-Day)	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
													Total Price	

Test Details & Pricing

POT = Potency (Plant Material), 2.0g: **\$XX**

(Oil/Tincture/Isolate), 2.0mL: **\$XX**

MOI = Moisture (Plant/Oil, Tincture, Isolate), 2.0g/2.0mL: **\$XX**

TER = Terpenes (Plant Material), 2.0g: **\$XX**

(Oil/Tincture/Isolate), 2.0mL: **\$XX**

HM = Heavy Metals (Plant Material), 2.0g: **\$XX**

(Oil/Tincture/Isolate), 2.0mL: **\$XX**

PES = Pesticides (Plant Material), 2.0g: **\$XX**

(Oil/Tincture/Isolate), 2.0mL: **\$XX**

RS = Residual Solvents (Plant Material), 2.0g: **\$XX**

(Oil/Tincture/Isolate), 2.0mL: **\$XX**

MYC = Mycotoxins (Plant Material), 2.0g: **\$XX**

(Oil/Tincture/Isolate), 2.0mL: **\$XX**

MCR = Microbes (Plant Material), 2.0g: **\$XX**

(Oil/Tincture/Isolate), 2.0mL: **\$XX**

FP = Full Panel (Plant Material & Oil/Tincture/Isolates), 16.0g or 16.0mL:

5-Day: **\$XXX**

4-Day: **\$XXX**

3-Day: **\$XXX**

"Full Panel" delivery times are based on full business days (does not include weekends or MA state & federal holidays). Delivery times are based on the date that the sample is received, not the date of shipping. Samples received after 5:00 PM ET will be considered received the next business day.

Payment

Payment Type: Check/Money Order (Enclosed) MC VISA AMEX DISC

Cardholder Name: _____ Keep Card on File? Yes No

Card Number: _____

EXP. MM/YYYY CCV ZIP

I authorize the above-named business (Clinical Science Laboratory, Inc.) to charge the banking institution 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 the authorized user of this banking institution and that I will not dispute the payment so long as the transaction corresponds to the terms indicated in this form.

I affirm that I am an employee/representative of the above listed Entity, and that all samples being submitted to Clinical Science Laboratory, Inc. from any state are hemp or hemp derivatives as stated by the Hemp Farming Act of 2018, SEC.297A.

Customer Signature	Date
Received By (Laboratory Staff Only)	Date