



Sample Number	Sample Name/ID	Product Type	Expected Levels (mg)		Weight of Unit	# Unit/Package	Ingredients
			THC	CBD			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Relinquished From Client

Date:	Time:	No of Samples	Received By:

Sample Transfer No 1 (If Applicable)

Date:	Time:	No of Samples	Relinquished By:	Received By:

Sample Transfer No 2 (If Applicable)

Date:	Time:	No of Samples	Relinquished By:	Received By:

Sample Transfer No 3 (If Applicable)

Date:	Time:	No of Samples	Relinquished By:	Received By: