



908 N.Howard Street #101 Spokane, Washington 99201
 Laboratory (509) 284 7522

Chain of Custody Sample Log

Client/Company Name:	
Address	
Street:	Unit/Suite:
City:	Zip code:
Contact Person:	
Contact Phone #:	
Contact Email:	
Delivery Person:	

Tests:

#	Sample Name (I502: last 4 digits of batch ID)	I-502	Pot	Micro	Ter	RS	Pest
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

I-502	<i>All testing required by the WSLBC</i>	Micro	<i>Microbial</i>	RS	<i>Residual Solvents</i>
Pot	<i>Potency</i>	Ter	<i>Terpenes Profile</i>	Pest	<i>Complete Pesticide Panel</i>

Payment Method

Check (in person)
 Cash (in person)
 Credit Card
 Will Invoice

Received By

Client Signature