



THE GOOD LAB

2501 W. Colorado Avenue, Suite 204, Colorado Springs, CO 80904

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goodlabcolorado@gmail.com

SAMPLE SUBMISSION / CHAIN OF CUSTODY

Cust/Business Name		Contact Name		Customer #	
Address		Phone		Payment via?	
City/State/Zip		Email			

Sample Type Example: Extract, isolate, flower, biomass, hemp, distillate, MCT, coconut oil, hempseed oil, salve, lotion, chocolate, gummy, etc.

For Office Use	SAMPLE INFORMATION		TEST TYPE											RUSH			NOTES		
	Sample Name/Description (How it will appear on the report)	Sample Type	Potency	Homogeneity	Terpenes	Pesticides	Heavy Metals	Residual Solvents	Mycotoxins	Salmonella/STEC	Total	Yeast&Mold	Aerobic	Bacteria	Std 7-10days	Rush 3days		Rush 1day	
License #		Licensing Agency																State	

License # _____ Licensing Agency _____ State _____

Comments: _____

In accordance with Colorado law, I am gifting one or more samples of cannabis to The Good Lab for no remuneration with the understanding that any excess material after testing will either be returned to me, destroyed, or donated. I understand that payment must be made when samples are submitted. Results will not be reported until payment has been received. I confirm that the samples submitted are cultivated or produced in accordance with state law, a state hemp program and/or the 2018 Farm Bill. By signing this document, I understand and accept The Good Lab's terms and conditions.

Name _____

Signed _____

Date _____