PSI LABS

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CHAIN of CUSTODY FORM

Client Name:		Business/Organization Name:	DATE:
Email:		Phone:	
Existing Client: ☐ New Client: ☐		Zip	Time:

Strain/Sample Name	Sample Type	Testing Services					Turn-Around Time			Additional Notes
	FLO=Flower CON=Concentrate EDI=Edible TOP= Topical	POTENCY	TERPENES	RESIDUAL SOLVENTS	MICROBIOLOGICAL PLATING	PESTICIDES (*COMING SOON)	1 BUSINESS DAY	2 BUSINESS DAYS	STANDARD (3 - 7)	

	TOTAL SAMPLES
	TOTAL TESTS
	AMOUNT DUE

Lab Staff at drop off:	
Drop off DATE/TIME:	
Lab Intake Staff:	
Intake DATE/TIME:	