

INV#: _____
 INV Amt: _____
 Date Paid: _____

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REC'D DATE: _____
 SHIPPING METHOD: _____

HEMP/CBD CHAIN OF CUSTODY FORM

Company Name: _____
 Contact Name: _____
 Contact Email: _____
 Address: _____
 City/State/Zip: _____

Grower/Processor LIC#: _____
 Contact Phone #: _____
 Total # of Samples: _____

Include this form with samples and payment
SHIP TO: Delta 9 Analytical
6308 Angus Dr Ste B
Raleigh, NC 27617
 For any additional questions or concerns,
 please call us at 919-673-7153 or email at
Frank@delta9analytical.com or
Michael@delta9analytical.com

Lab Use Only Laboratory Acc #	Sample Name (strain, batch, lot etc.)	Type (Flower, extract, concentrat e, tincture etc.)	Size (g, mLs, bottle etc.)	Cannabinoid Profile (1g)	Potency/Compliance (1g)	Terpene Profile (1g)	Pesticides Screen (2g)	Heavy Metals (2g)	Mycotoxins (1g)	Residual Solvents (1g)	Microbials (General/Tier 1/Tier 2) (2-4g)	Foreign Matter (1g)	Full Panel (10g)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To authorize payment, please fill out below. If samples are submitted without payment, an invoice will be sent via email which can be paid online or by phone. **Results are held for payment.**

Payment Type: Check/MO enclosed MC VISA AMEX DISC

Cardholder Name: _____

Card Number: _____

Exp. MM/YY _____ CCV _____ Zip _____ Keep Card on File? Y/N _____

I authorize D9A to charge the credit card indicated in this authorization form. This payment authorization is for the services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment so long as the transaction corresponds to the terms indicated in this form

Name: _____ Signature: _____ Date: _____

HEMP Declaration
 This shipment contains laboratory samples of hemp and/or CBD products. The shipper attests these products have been produced and shipped in accordance with the Agricultural Act of 2014, and the associated advisory "Acceptance Criteria for Cannabidiol (CBD) Oil and Products Containing CBD" released by USPS on March 4, 2019. These samples are being delivered for testing purposes to a laboratory that is accredited by the State of North Carolina and the DEA to receive, store, and test hemp and CBD products.

Release of Custody
 By signing, I verify the information on this form is correct and acknowledge that sample information or testing requests cannot be changed once lab work has begun. All samples are held for 2 weeks after reports are generated. Unless otherwise requested, all samples are destroyed following this period.

Print Name: _____

Signature: _____ Date: _____

For Lab Use Only – Pre-acceptance Sample Inspection

Inspection	Meets acceptance	Initials/Date
Containers Intact		
Sufficient sample		
CoC complete		

Relinquished By: _____ Date/Time: _____

Received By: _____ Date/Time: _____