

PURE LABS, LLC - CUSTODY AND CONTROL FORM

Account name:	Billing address:	Date Submitted:	Notes: (additional room on back of sheet)	PAGE _____ OF _____
Email address:	City, State, Zip	Total # Samples:		
Phone number:	Contact Name:	Batch #		

PURE LABS															For Office Use Only :			
Sample Name	Sample # PURE	Sample Type	Strain	*HPLC 4 cannabinoid potency AZ REGS (0.5g)	*HPLC 17 cannabinoid potency (0.5g)	**Terpene Analysis (0.5g)	Moisture Content (1g)	Water activity (1g)	Bacterial & Fungal AZ REGS (qPCR) (1g)	Foreign Matter	Residual Solvents	^^Pesticide Screening	^^Heavy Metals	AZ Hemp potency (total THC only)	Package Weight (grams)	Temperature of sample	Verified in LIMS	Photograph uploaded
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		

Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
MMJ CARD #	MMJ CARD TYPE:	MMJ CARD #	MMJ CARD TYPE:
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
MMJ CARD #	MMJ CARD TYPE:	MMJ CARD #	MMJ CARD TYPE:

By signing, I verify the information on this form is correct and acknowledge that sample information or testing request cannot be changed once lab work has begun. All samples are held for 72 hours after reports are generated unless otherwise requested, all samples are destroyed following this period.

DATE SENT FOR INVOICING

^^Services outsourced until in-house validation is complete.