

Client Information	
Business Name/ License # :	Business Address :
Phone / Email :	City / State / Zip :
Sample Collection Date/Time:	Requested Turn-Around Time (TAT) : <input type="radio"/> 6 Day <input type="radio"/> 5 Day <input type="radio"/> 4 Day <input type="radio"/> 3 Day or: _____ Day

Sample Type (Matrix) Legend: UM - Usable marijuana | EC - Extract/Concentrate | CPL - Cannabinoid product (liquid) | CPS - Cannabinoid product (solid) | FICP - Finished Inhalable Cannabinoid Product

Sample Name	Sample Type (Matrix)	R&D, Compliance	METRC Package ID	METRC Source ID	Harvest Lot/ Batch Number	Sample Weight (g)	Potency	Moisture	Water Activity	Pesticide	Mycotoxin	Heavy Metals	Microbiology	Solvent	Terpenes	Notes
1		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
2		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
3		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
4		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
5		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
6		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
7		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
8		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
9		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
10		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
11		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
12		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
13		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
14		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
15		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														
16		<input type="checkbox"/> Compliance <input type="checkbox"/> R&D														

By signing below, the client acknowledges that a) requests for sample retests in the event of a failure must occur within 7 days of receiving results, b) PREE reserves the right to withhold reports until payment is made in full, c) reports are issued electronically, d) this document contains accurate information, e) consent is given for the testing of the submitted samples, f) samples subcontracted to PREE were homogenized prior to subsampling, and g) PREE may subcontract testing services to another ORELAP accredited laboratory. Controlled Form 65, Rev 24.0

PRMG / Submitted By:		PREE Laboratory:		Date	Time
Name		PREE Representative			
Signature		Arrival @ Lab			
Date & Time		Sample Accessioning			