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# Hop Submission Form

Lab Use Only

Date Rcvd \_\_\_\_\_

### Client Information

Client Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### Reporting Information

Report by: Fax \_\_\_ Email \_\_\_ Mail \_\_\_ Phone \_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Hop Sample Information

Lab Use Only Accession #	Date Sampled	Sample Type (Pellet, Leaf)	Description	Total Oils \$25.00	Acids Analysis \$30.00	Dry Matter \$7.50	Other: _____

### Payment Information:

**Check Enclosed**  
 Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**Charge Credit Card**  
 Credit Card Number: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 CVV2 Code: \_\_\_\_\_  
(3-digit code on the back of MC/VISA; 4-digit code on front of AMEX)

Signature: \_\_\_\_\_