



Dakota State Testing, LLC

Chain of Custody Record

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REV #: 0

CLIENT NAME:				CLIENT ADDITIONAL INFORMATION:			ANALYSES REQUESTED										REQ.		DATE REQ.				
ADDRESS:				PHONE:			<div>Potency/Profile</div> <div>Terpene</div> <div>Pesticide</div> <div>Mycotoxin</div> <div>Microbial</div> <div>Heavy Metal</div> <div>Moisture Content/Water Activity</div> <div>Foreign Matter</div> <div>Residual Solvents</div> <div>Flower Stability 1 & 3 Months</div> <div>Process Stability 6 & 12 Months</div>										<input type="checkbox"/>						
																	<input type="checkbox"/>						
				EMAIL:																			
				SAMPLER			DATE																
ID# (Lab Use Only)	DATE SMPL/TRANS.	TIME SMPL/ TRANS	H/P SMPL TYPE	SAMPLE IDENTIFICATION/SITE LOCATION			Mass/Vol	Cnt. #	ANALYSES REQUESTED										COMMENTS				
RELINQUISHED BY				DATE / TIME		RECEIVED BY				DATE / TIME		SAMPLE CONDITION:											
												Actual Temperature:											
RELINQUISHED BY				DATE / TIME		RECEIVED BY				DATE / TIME		# Containers at Transport: # Containers at Receiving:											
RELINQUISHED BY				DATE / TIME		RECEIVED BY				DATE / TIME		Evidence of Tampering upon Receiving?											
Future Recommendations:				SPECIAL REQUIREMENTS / BILLING INFORMATION																			

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