

Company Name: _____

Date: _____ CID Number: _____

Please mark the boxes with your desired turnaround time. I.E (1 = 1-day turnaround)

Sample Intake Form
Year 2020



	Sample Name/Description (As will appear on the Report) And Lot or Batch Number	Sample Type	Microbial Lab (3-5 Business Days)				Chemistry Lab							Required for infused products *		Cost	
			Total Yeast & Mold	Aerobic Bacteria/Coliform	Salmonella/STEC	Other	Potency*	Homogeneity*	Pesticide	Heavy Metals	Mycotoxins	Residual Solvent	Terpene	Target Dosage*	Target Weight (grams)*		CBD Source? (distillate/Isolate/Crude/ etc...)*
1																	
Lot #																	
2																	
Lot #																	
3																	
Lot #																	
4																	
Lot #																	
5																	
Lot #																	
6																	
Lot #																	
7																	
Lot #																	
8																	
Lot #																	
9																	
Lot #																	
10																	
Lot #																	

* Please complete all fields for infused products

Signature of Gobi Hemp Employee: _____

Signature of Customer: _____

Sample Weight Key	Potency	Pesticide	Microbial	Heavy Metals	Sample Type	Key	Total Cost:
Dry Flower	2 grams	+1 gram	+5 grams	+1 gram	Infused (reported as mg/unit)	I	
Wet Flower	4 grams	+1 gram	+5 grams	+1 gram	Flower (sample flower only)	F	
Concentrate	1 grams	+1 gram	+2 grams	+1 gram	Biomass (representative sample of submission)	B	
Infused Edible	One unit may suffice for all testing. Please inquire for smaller products.				Concentrates (Reported as % mg/g)	C	
Infused Non-edible							