

HEMP CHAIN OF CUSTODY

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SELECT TURN-AROUND TIME		
14 DAY REGULAR PRICE	7 DAY 25% SURCHARGE	OTHER SURCHARGE MAY APPLY

LICENSE HOLDER:						LICENSE #:		LICENSE TYPE:		
NAME OF SIGNING AUTHORITY (IF BUSINESS):										
ADDRESS:				PHONE:			E-MAIL:			
CITY:		STATE:		ZIP:	FAX:			PURCHASE ORDER / REFERENCE #:		
RELINQUISHED BY (SIGNATURE)		DATE / TIME		RELINQUISHED BY (SIGNATURE)		DATE / TIME		RELINQUISHED BY (SIGNATURE)		DATE / TIME
1.				2.				3.		
4.				5.				6.		
SAMPLE STORAGE LOCATION:				REPORTING REQUEST:		OFFICIAL CERTIFICATE OF ANALYSIS		SAMPLE TYPE:		
				INTERNAL R & D REPORT		HEMP		OIL		OTHER
SAMPLE NUMBER	CESE ID	DATE OF SAMPLE COLLECTION	TIME OF SAMPLE COLLECTION	PLOT I.D. AND LOCATION (ADDRESS) WHERE HEMP SAMPLE ORIGINATED	TESTS					
					THC / CBD	METALS Cd, As, Hg, Pb	PESTICIDES DCP LIST	MYCO- TOXINS	MOLD	OTHER (SPECIFY)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**** NOTE: THIS FORM MUST BE COMPLETED AND ACCOMPANY THE SAMPLE AT ALL TIMES. ****