



Ingestible Product Request for Analysis

Adams Independent Testing
4160 98th Ave S, Fargo, ND 58104
(888) 897-4367
ait@hempinspection.com
www.hempinspection.com

Company: _____
Email: _____

Name: _____
Billing: _____

Phone: _____
Promo Code: _____

if different from contact email

if applicable

SAMPLE NAME	Batch ID	Microbial à la carte												Potency Reporting mg/container	Composite Beverage Testing	Servings Per Container	
		Potency	**Potency tested before other tests	Heavy Metals	Pesticides	Mycotoxins	BTGN	E. coli (STEC)	Salmonella	Total Aerobic Count	Total Coliform	Total Yeast and Mold	Residual Solvents				Moisture / Water Activity
															<input type="checkbox"/> 12 oz can (355 mL) <input type="checkbox"/> 16 oz can (473 mL) <input type="checkbox"/> Other:		
															<input type="checkbox"/> 12 oz can (355 mL) <input type="checkbox"/> 16 oz can (473 mL) <input type="checkbox"/> Other:		
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**Note: The customer must contact Adams Independent Testing, by email or phone, to authorize moving forward with additional tests after receiving potency results.

I certify that the HEMP ITEM I have enclosed and shipped in this package is industrial hemp or derived from industrial hemp, is not recreational or medical marijuana or derived from recreational or medical marijuana, and contains less than 0.3% THC, thereby meeting the definition of the "AGRICULTURAL IMPROVEMENT ACT of 2018 (2018 Farm Bill) and is thus exempt from the United States Controlled Substances Act.

I agree to AIT's testing criteria by submitting this form with the samples. If pass/fail is required for a test, Measurement of uncertainty isn't used for the decision.

First & Last Name

Signature

Date

ADAMS INDEPENDENT TESTING INTERNAL USE 7.1 Request for Analysis for Beverages 27SEP24 1.4

SAMPLE INTAKE

PACKAGE RECEIVED BY _____
INITIAL | DATE | TIME

TOTAL NUMBER OF SAMPLES & CONDITION _____ GOOD DAMAGED

Damaged samples MUST go through the damaged sample process before going through testing.

**POTENCY FIRST PROCESS INITIATED MUST BE INITIATED BEFORE GOING TO LAB

SAMPLE TRANSPORTED TO LAB _____
INITIAL | DATE | TIME

SAMPLE RECEIVED BY LAB PERSONNEL _____
INITIAL | DATE | TIME

CONFIDENT CANNABIS

ENTERED INTO SYSTEM _____
INITIAL | DATE

N/A - CUSTOMER ENTERED IT THEMSELVES

SAMPLE VERIFIED WITH SYSTEM _____
INITIAL | DATE

ORDER NUMBER _____
ORDER NUMBER ONLY, NOT THE SAMPLE ID

PAYMENT

PAYMENT NOT INCLUDED

TESTS ARE PREPAID

PAYMENT INCLUDED WITH SAMPLE

INVOICE/RECEIPT SENT BY _____
INITIAL | DATE | INVOICE#

AMOUNT RECEIVED _____ CHECK # _____

PAYMENT RECEIVED BY _____
INITIAL | DATE

PAYMENT GIVEN TO ACCOUNTING _____
INITIAL | DATE