Ingestible Product
Request for Analysis

Company: _____   Name: _____   Phone: _____

Email: _____   Billing _____   Promo Code: _____
if different from contact email   *if applicable*

Microbial à la carte

SAMPLE NAME	Batch ID	Potency	**Potency tested before other tests	Heavy Metals	Pesticides	Mycotoxins	BTGN *Bile Tolerant Gram-Negative*	E. coli	E. coli (STEC) *Shiga Toxin-producing E.coli*	Listeria	Salmonella	Total Aerobic Count	Total Coliform	Total Yeast and Mold	Residual Solvents	Moisture / Water Activity	Full Panel *Includes: Potency, Heavy Metals, Mycotoxins, Pesticides*	Potency Reporting mg/container *Weight of product, without packaging, is required to do conversion*	Composite Beverage Testing *Additional $25 per can.*	Servings Per Container
																		☐ 12 oz can (355 mL) ☐ 16 oz can (473 mL) ☐ 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 21JUN24 1.2

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