



# Request for Analysis

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

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing \_\_\_\_\_  
if different from contact email

Promo Code: \_\_\_\_\_  
if applicable

| PRODUCT MATRIX<br><small>(Flower, Distillate, Lotion, etc)</small>                | SAMPLE NAME | Batch ID<br><small>(If applicable)</small> | 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 | Terpenes | Moisture Analysis | Full Panel       | Potency Reporting | Servings |
|---|-------------|--|----------------------|-------------------------------------|--------------|------------|------------|------|---------------|------------|---------------------|----------------|----------------------|-------------------|----------|-------------------|------------------|-------------------|----------|
|   |             |  | Microbial à la carte |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   | mg per container | Per Container     |          |
| <small>Weight of product, without packaging, is required to do conversion</small> |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |
|   |             |  |                      |                                     |              |            |            |      |               |            |                     |                |                      |                   |          |                   |                  |                   |          |

\*\*Note: The customer must contact Adams Independent Testing, by email or phone, to authorize moving forward with additional tests after receiving potency results.  
 \*\*\*The customer MUST provide the weight of the product excluding the packaging if reporting potency as mg per container is requested. AIT will not weigh it for you.

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 27SEP24 Version 1.10

### 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