



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 (Flower, Extract/Concentrate, Finished Product, etc.)	SAMPLE NAME	Potency	Heavy Metals	Pesticides	Mycotoxins	Microbials Package	E.coli	Salmonella	Total Aerobic Count	Total Coliform	BTGN	Residual Solvents	Terpenes	Moisture / Water Activity	Full Panel	Flower Full Panel	Non-Flower Full Panel	Optional: Report Potency as mg per container	
		**Potency tested before other tests																	Include sample weight (excluding packaging and serving size)

**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		
SAMPLE INTAKE	CONFIDENT CANNABIS	PAYMENT
PACKAGE RECEIVED BY _____ <small>INITIAL DATE TIME</small> TOTAL NUMBER OF SAMPLES & CONDITION _____ <input type="checkbox"/> GOOD <input type="checkbox"/> DAMAGED Damaged samples MUST go through the damaged sample process before going through testing. **POTENCY FIRST <input type="checkbox"/> PROCESS INITIATED MUST BE INITIATED BEFORE GOING TO LAB SAMPLE TRANSPORTED TO LAB _____ <small>INITIAL DATE TIME</small> SAMPLE RECEIVED BY LAB PERSONNEL _____ <small>INITIAL DATE TIME</small>	ENTERED INTO SYSTEM _____ <small>INITIAL DATE</small> <input type="checkbox"/> N/A - CUSTOMER ENTERED IT THEMSELVES SAMPLE VERIFIED WITH SYSTEM _____ <small>INITIAL DATE</small> ORDER NUMBER _____ <small>ORDER NUMBER ONLY, NOT THE SAMPLE ID</small>	<input type="checkbox"/> PAYMENT NOT INCLUDED <input type="checkbox"/> TESTS ARE PREPAID <input type="checkbox"/> PAYMENT INCLUDED WITH SAMPLE INVOICE/RECEIPT SENT BY _____ <small>INITIAL DATE INVOICE#</small> AMOUNT RECEIVED _____ PAYMENT RECEIVED BY _____ <small>INITIAL DATE</small> PAYMENT GIVEN TO ACCOUNTING _____ <small>INITIAL DATE</small>