Ship To: FINA Analytics 2300 Brown Ave ste 180, Waseca, MN 56093

## **Chain of Custody**



507-214-3550 #5 Analytics@finalabs.co

Order #:

Client Information				Client Contact Information													
Company Name:				Contact Name:	Contact Name:				Expected Concentrations (mg)						Sample Specific Notes		
Address:				Contact Title:											) ¿p		
City/ State/ Zip:				Contact Phone:											ecte	(ie. required storage	
License Number:				Contact Email:		·		>		>		H	НС		Date Sample was	conditions, unit	
Laboratory ID	Sample Name	Batch ID/ Lot #	Report Type	Quantity Supplied	Matrix	Type of Sample	Turnaround	CBDV	CBD	THCV	CBN	D9-THC	D8-THC	CBC	Sample S  Date Sample was  Collected	size)	
Client Que	Client Questionnaire Yes (Y) No (N)		Anything else you'd like to share with us:				For Lab Use Only										
Are you happy with our services:		• •					Samples Recieved By: Date:										
	ou use our services again:													Inspe	ction		
Would you recommend our services to others:							Inspected By:							Date:			
Shipped Samples Only			Sample Walk-in Only				Sample Containers Sealed & Labeled:										
Relinquished By:			Dropped of by:			Sufficient Sample Amount for Analysis:											
Date: Time:		Date: Time:			CoC Completed & Accurate:												

I certify that I am an employee/ representative of the above listed Entity and that all samples being submitted to FINA Analytics for analysis are hemp or hemp derivatives as specified by the Hemp Farming Act of 2018, SEC.297A.									
Print Name:	Signature:	Date:							

For assistance or credit card payment by phone, please call (507)-214-3550. Email questions and concerns to Analytics@finalabs.co

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