

CLIENT INFORMATION			
Company:		Contact:	
Street:		Phone:	
City / State / Zip:		Email:	

INTERNAL USE ONLY	
Manifest #:	
Date:	
Invoice #:	

LABORATORY SERVICES	COST	TURNAROUND TIME OPTIONS			TOTAL
		Standard x1 (3-day)	Expedited x2 (1-day)	Urgent x3 (Same Day*)	
<b>CANNABINOID POTENCY</b> <i>Minimum Quantities: Flower 0.5 g; Edible 1 unit dose; Concentrate 0.5 g</i>					
<b>MICROBIAL CONTAMINATION</b> <i>Minimum Quantities: Flower 1 g; Edible 1 unit doses; Concentrate 1 g</i>					
<b>RESIDUAL SOLVENTS</b> <i>Minimum Quantities: Concentrate 0.5 g</i>					
<b>WATER ACTIVITY</b> <i>Minimum Quantities: Edible 1 unit doses</i>					
<b>pH</b> <i>Minimum Quantities: Drink 1 unit dose</i>					
<b>SUB-TOTAL</b>					

\* Prior notice required. † Recommended Storage Conditions: 5°C ± 3°C (2 – 8 °C).

PAYMENT STATUS			
<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID	<input type="checkbox"/> PARTIAL	BALANCE DUE _____
Printed Name	Signature	Date	

**GRAND TOTAL**