



CANNABIS SUBMISSION FORM

Please complete this form, excluding the "Analysis Information" section, and enclose it with your sample. Keep a copy for your records.

CONTACT INFORMATION	ANALYSIS INFORMATION
Business Name: _____ Contact Name: _____ Email: _____ Tel: _____	Anresco File: _____ Time: _____ via: _____ Received by: _____ Date: _____

#	Sample ID/Name	Sample Type				Analysis											Units		
		Flower	Concentrate	Edible	Other (specify)	Potency (GC-FID)	Potency (HPLC)	Potency (LCMSMS)	Terpene (GCMS)	Pesticide (LCMSMS)	Pesticide PLUS (GC + LC)	Micro Package	Micro Package Plus	Heavy Metals	Residual Solvents	Specify Residual Solvents	%	mg/g	mg/mL
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

<p><i>Normal turnaround time is 5 business days. If sample is received before 10:30 am, Day 1 is the day of arrival. If after 10:30 am, Day 1 will begin the following business day.</i></p>	<input type="checkbox"/> ROUTINE (5 Business Days) RUSH* Approved By: _____ <input type="checkbox"/> 3 Business Days (50% surcharge) <input type="checkbox"/> 2 Business Days (100% surcharge) <input type="checkbox"/> Next Business Day (200% surcharge)	<p><i>*All rushes must be pre-approved. Please contact your Anresco representative first.</i></p>
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