

CHAIN OF CUSTODY

NAME of CTF _____

Manifest ID # _____

CTF Physical Address: _____

Metric ID# _____

Page ____ of ____

CTF Certification Number: _____

Report To		Cultivator or Manufacturer License or Registration Number					Analysis Requested									
Cultivator or Manufacturer Name		Billing Address (if different)					Potency (THC, THCA, CBD, CBDA)	Homogeneity	Heavy Metals (As, Cd, Hg, Pb)	Residual Solvents	Pesticides	Filtration and Foreign Material	Microbiological Impurities	Water Activity and % Moisture	Aflatoxins/Ochratoxins	
Address																
City	State	Zip	City	State	Zip											
Phone	Fax	Phone	Fax													
Sampler Signature		Printed Name		Affiliation	PO Number											
CTF Number Do Not Use	Sample Identification (as found on container)	Date Collected	Time Collected	Matrix	# of Containers	Temp at collection/Temp of cooler at Receipt (if cold or frozen product)										
						/										
						/										
						/										
						/										
						/										
						/										
Relinquished by:						Received by:										
Printed Name		Signature		Affiliation		Date/Time		Printed Name		Signature		Affiliation		Date/Time		
Relinquished by:						Received by:										
Printed Name		Signature		Affiliation		Date/Time		Printed Name		Signature		Affiliation		Date/Time		
Samples Removed from Storage (Date/Time/Name/Signature)						Samples Returned to Storage (Date/Time/Name/Signature)										
Samples Removed from Storage (Date/Time/Name/Signature)						Samples Returned to Storage (Date/Time/Name/Signature)										
Samples Destroyed (Date/Time/Name/Signature)																

NOTE: Yellow highlighted items are required by Certification of Cannabis Testing Facilities Rule.