

Please ship samples with this completed form enclosed to:
 KCA Labs, Sample Receipt
 1509 Bull Lea Rd, Ste 100
 Lexington, KY 40511 USA

Sample Submission Form



COMPANY INFORMATION

Name _____
 Address _____
 City _____ State _____ Zip _____
 State License Number (if applicable) _____

SAMPLE SUBMITTER

Name _____
 Title _____
 Email _____
 Phone _____

RESULTS RECIPIENT

Name _____
 Title _____
 Email _____
 Phone _____

SAMPLE INFORMATION

Please complete each field for all samples. Incomplete information may result in reporting delays. Please feel free to add another page if needed.

SAMPLE NAME	SAMPLE/BATCH ID	MATRIX TYPE	C	F	H	M	M	P	R	T	V	C	COMMENT(S) AND EXPECTED CANNABINOIDS
			A	I	M	C	I	C	E	S	R	E	
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										
			<input type="checkbox"/>										

KEY INFORMATION

Test Type
 CAN = Cannabinoids, FMI = Foreign Material Inspection, HM = Heavy Metals, MC = Moisture Content, MIC = Microbials, MYC = Mycotoxins, PES = Pesticides, RS = Residual Solvents, TER = Terpenes, VEA = Vitamin E Acetate, WA = Water Activity, CUS = CUSTOM

Matrix Type
 Capsule (CAP), Distillate (DIS), Edibles (E – Ingredients?), Flower/Plant (FLO), Gel (GEL), Isolate (I), Liquids (L), Oils (OIL – Carrier?), Other (O – Ingredients?), Powder (POW – Ingredients?), Solvent Extracted (S – Solvent?), Tablet (TAB), Topical (TOP – Ingredients?)

Refer to Testing Specification for further information, including turnaround times, sample sizes, lists of compounds tested, limits, etc. Refer to testing menu or proposal for pricing information

Please sign below to confirm the samples being submitted comply with state/federal laws and regulations and that KCA Laboratories Terms and Conditions and Testing Specification have been received and understood.

Signature _____ Date _____

PAYMENT

Payment is required at time of submission.

Payment Type Check (Enclosed) Credit Card (Choose below)

Account Number _____

Credit Card Type Visa MasterCard AMEX Discover

Cardholder Name _____

Credit Card # _____

Credit Card Exp ____/____ CWV _____ Billing Zip _____