

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 (2-day)	Expedited x2 (1-day)	Urgent x3 (Same Day*)	
CANNABINOID POTENCY <i>Minimum Quantities: Flower 0.5 g; Edible 1 unit dose; Concentrate 0.5 g</i>					
HOMOGENEITY <i>Minimum Quantities: Edible 2 unit doses</i>					
MICROBIAL CONTAMINATION <i>Minimum Quantities: Flower 2 g; Edible 2 unit doses; Concentrate 2 g</i>					
RESIDUAL SOLVENTS <i>Minimum Quantities: Concentrate 0.5 g</i>					
POTENCY/MICROBIAL CONTAMINANT BUNDLE <i>Minimum Quantities: Flower 2.5 g; Edible 3 unit doses; Concentrate 2.5 g</i>					
POTENCY/RESIDUAL SOLVENTS BUNDLE <i>Minimum Quantities: Flower 2.5 g; Edible 3 unit doses; Concentrate 2.5 g</i>					
WATER ACTIVITY <i>Minimum Quantities: Edible 1 unit doses</i>					
pH <i>Minimum Quantities: Drink 1 unit dose</i>					

* 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

SUB-TOTAL	
COURIER OPTION	
SAMPLE JAR OPTION <i>(\$1.00 per jar - one time set up fee)</i>	
GRAND TOTAL	