

Account Information	Billing Contact	Lab Results Contact	Additional Client Portal Access
Company: _____	Name: _____	Name: _____	E-mail 1: _____
Address: _____	Phone: _____	Phone: _____	E-mail 2: _____
City: _____ State: _____ Zip: _____	E-mail: _____	E-mail: _____	E-mail 3: _____

Manifest Information	
Manifest Number: _____	
METRC Tag (last 4 digits)	Batch ID (if required)

Test Types																								
Potency			Homogeneity			Terpenes			Solvents			Microbials			Pesticides			Heavy Metals			Mycotoxins	pH	Water Activity	
2 DAYS	NEXT DAY	SAME DAY	2 DAYS	NEXT DAY	SAME DAY	5 DAYS			2 DAYS	NEXT DAY	SAME DAY	FULL PANEL	TYM ONLY	ECS ONLY	2 DAYS	NEXT DAY	SAME DAY	5 DAYS	NEXT DAY	SAME DAY	5 DAYS	2 DAYS	2 DAYS	

Order Approval		
<input type="checkbox"/>	I am a representative of _____ and I am authorized to submit the samples listed above on their behalf. _____ agrees to pay Agricor Laboratories for the services rendered within 15 days of receiving the invoice for this order.	
_____	_____	_____
NAME	SIGNATURE	DATE