



10-5310 Finch Avenue East, Toronto, ON, M1S 5E8  
 (416) 857-7603 | [www.validationtechs.com](http://www.validationtechs.com) | [info@validationtechs.com](mailto:info@validationtechs.com)

## CANNABIS PLANT TISSUE NUTRIENT ANALYSIS SUBMITTAL FORM & CHAIN OF CUSTODY

### SUBMITTED BY

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City Province Postal Code*

Email: \_\_\_\_\_ Fax \_\_\_\_\_

Item #	SAMPLE ID (20 characters max)	PMID Plant Monitoring Program Only	STRAIN	GROWTH STAGE	SAMPLE WEIGHT		ANALYSIS	DATE	LAB USE ONLY
					Sent (g)	Rec'd (g)			
							PT2 <input type="checkbox"/>		
							Other: _____		
							PT2 <input type="checkbox"/>		
							Other: _____		
							PT2 <input type="checkbox"/>		
							Other: _____		

							PT2 <input type="checkbox"/>		
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							PT2 <input type="checkbox"/>		
							Other: _____		
							PT2 <input type="checkbox"/>		
							Other: _____		

EXPLANATION OF TEST PACKAGES	
<b>PT2</b>	<b>Nitrogen, Nitrate, Phosphorus, Potassium, Magnesium, Calcium, Sodium, Sulphur, Boron, Zinc, Manganese, Iron, Copper, Aluminum</b>
<b>Other</b>	<b>Silicon, Chloride, Molybdenum</b>

**PREFERENCE/S TO RECEIVE ANALYSIS RESULTS**

<input type="checkbox"/> Email	<input type="checkbox"/> Courier	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone
<i>Specify</i>	<i>Specify</i>	<i>Specify</i>	<i>Specify</i>