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## CANNABIS CHAIN OF CUSTODY

### CLIENT INFORMATION

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

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

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

Attention No.: \_\_\_\_\_ P.O. No.: \_\_\_\_\_ Project No.: \_\_\_\_\_

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

SAMPLES				
#	Sample Type	Sample Identification	Sample Weight – Sent	Sample Weight – Received
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

CHECK THE ANALYSIS REQUIRED FOR EACH SAMPLE												
Analysis Type	Sample											
	1	2	3	4	5	6	7	8	9	10	11	12
Complete Cannabinoids												
Terpene Profile												
HC 96 Pesticide Scan												
Moisture Content												
Microbiological Scan												

Aflatoxin Scan												
Heavy Metals Regulated												
Visual Inspection												
Water Activity												
Density												
Solvent Residue												

**Preference/s to Receive Lab Results**

- Email
  Courier
  Fax
  Phone

**For Lab Use only** (All analyses will proceed only after authorization)

Analysis Authorized By: \_\_\_\_\_ Received On: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Depending on the sample type, samples will be discarded after 14 to 30 days.*