



Request for Analysis

Adams Independent Testing
4160 98th Ave S, Fargo, ND 58104
(888) 897-4367
ait@hempinspection.com
www.hempinspection.com

Company: _____ Name: _____ Phone: _____
Email: _____ Billing _____ Promo Code: _____
if different from contact email if applicable

PRODUCT MATRIX <small>(Flower, Distillate, Lotion, etc)</small>	SAMPLE NAME <small>If samples received do not have an identifying name, AIT Staff will assign it an identifier.</small>	Batch ID <small>(If applicable)</small>	Potency	**Potency tested before other tests	Heavy Metals	Pesticides	Mycotoxins	BTGN	E.coli (STEC)	Salmonella	Total Aerobic Count	Total Coliform	Total Yeast and Mold	Residual Solvents	Terpenes	Moisture	Full Panel	Potency Reporting mg per container	Servings Per Container
																		<small>Weight of product, without packaging, is required to do conversion</small>	

**Note: The customer must contact Adams Independent Testing, by email or phone, to authorize moving forward with additional tests after receiving potency results.
***The customer MUST provide the weight of the product excluding the packaging if reporting potency as mg per container is requested. AIT will not weigh it for you.

I certify that the HEMP ITEM I have enclosed and shipped in this package is industrial hemp or derived from industrial hemp, is not recreational or medical marijuana or derived from recreational or medical marijuana, and contains less than 0.3% THC, thereby meeting the definition of the "AGRICULTURAL IMPROVEMENT ACT of 2018 (2018 Farm Bill) and is thus exempt from the United States Controlled Substances Act.
I agree to AIT's testing criteria by submitting this form with the samples. If pass/fail is required for a test, Measurement of uncertainty isn't used for the decision.

First & Last Name			Signature			Date		
ADAMS INDEPENDENT TESTING INTERNAL USE								
SAMPLE INTAKE			CONFIDENT CANNABIS			PAYMENT		
PACKAGE RECEIVED BY _____ <small>INITIAL DATE TIME</small>			ENTERED INTO SYSTEM _____ <small>INITIAL DATE</small>			<input type="checkbox"/> PAYMENT NOT INCLUDED		
TOTAL NUMBER OF SAMPLES & CONDITION _____ <input type="checkbox"/> GOOD <input type="checkbox"/> DAMAGED <small>Damaged samples MUST go through the damaged sample process before going through testing.</small>			<input type="checkbox"/> N/A - CUSTOMER ENTERED IT THEMSELVES			<input type="checkbox"/> TESTS ARE PREPAID		
**POTENCY FIRST <input type="checkbox"/> PROCESS INITIATED <small>MUST BE INITIATED BEFORE GOING TO LAB</small>			SAMPLE VERIFIED WITH SYSTEM _____ <small>INITIAL DATE</small>			<input type="checkbox"/> PAYMENT INCLUDED WITH SAMPLE		
<input type="checkbox"/> Samples arrived without an assigned name. AIT Staff member who gave the sample(s) an identifier: _____ <small>INITIAL</small>			ORDER NUMBER _____ <small>ORDER NUMBER ONLY, NOT THE SAMPLE ID</small>			INVOICE/RECEIPT SENT BY _____ <small>INITIAL DATE INVOICE#</small>		
SAMPLE TRANSPORTED TO LAB _____ <small>INITIAL DATE TIME</small>						AMOUNT RECEIVED _____ CHECK # _____		
SAMPLE RECEIVED BY LAB PERSONNEL _____ <small>INITIAL DATE TIME</small>						PAYMENT RECEIVED BY _____ <small>INITIAL DATE</small>		
						PAYMENT GIVEN TO ACCOUNTING _____ <small>INITIAL DATE</small>		