

Bluebonnet Labs

2567 Valley View Lane, Dallas, TX 75234
Contact us here: 214-903-4405 info@bluebonnetlabs.com www.bluebonnetlabs.com
Samples can be shipped or dropped off in person Monday- Friday 9am-5pm

Chain of Custody

Primary Client Information:		Secondary Client:		Method of Payment: For Lab Use Only: Pre-acceptance Sample Inspection													
Company Name: Company Name: Address: Address:		Company Name:		Cash	COC Complete						Received Initials/ Date						
				Check	Sufficient sample for tests						<u> </u>						
			Credit Card				SE	LECT T	EST PA	ST PANEL TYPE							
City/State/ Zip: City/State/ Zip:				NELS	су	+ /:	ls			S			re	latter			
Phone: Phone:			Sample Amount Sent					ıts	Ses	ř	ials	es	istu				
Email: Email:		Email:		Weight (g)/ Volume (mL)	ALL PANELS	Potency	Potency +	Metals	Solvents	ticic	oto	Microbials	Terpenes	Water/ Moisture	Foreign Matter		
Lab ID LAB USE	Sample Name Include Batch or Lot Number		Sample Type						Sol	Pesticides	Mycotoxins						
**Additiona	 Fee applies to Expedite Orders v	then indicated as RIIS	 **						<u> </u>								
	this order form, I hereby agree the produc			to the best of my knowledge. cont	ain less t	han the I	Federally	y mandat	ted limit	of 0.3% T	HC.						
	ructions/ QC Requirements and 0			. 3,44													
Client Relinguishing Print Name:			Bluebonnet Employee Print Name:								ISO 17025:2017						
			Bluebonnet Employee Signature Receiving Samples:								Registration No. TL2020031						
Date:			Date:							OP-301r1							
-																	