

SAMPLE SUBMITTAL FORM

Business Name		Licensed Grower Number		Client Name	
Address				Phone and Fax	
City		State	Zip Code	email	
Declared Harvest Date	Total Acres or Sq Ft to be sampled	Longitude: Latitude:	Grow Area Type: Field (Outdoor) Greenhouse (Indoor)		Analysis Requested
Sample Type	Strain ID				
Flower - Plant					
Declared Harvest Date	Total Acres or Sq Ft to be sampled	Longitude: Latitude:	Grow Area Type: Field (Outdoor) Greenhouse (Indoor)		Analysis Requested
Sample Type	Strain ID				
Flower - Plant					

Analytical Test Request KEY	Please call 616-837-7670 if you require a test not listed
C-1 Cannabinoids as is basis	
C-2 Cannabinoids-Decarboxylated	

Alliance Analytical Laboratories Inc.
179 West Randall Street
Suite A
Coopersville, MI 49404

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616-837-7670 - Phone
616-837-7701 - Fax