



INTAKE FORM

Concentrates

Company Name: _____
 Account Manager: _____
 Date Submitted: _____

Total # of Samples: _____
 Due Date: _____
 Order #: _____

Sample Name	Strain Name	Product Type (Dist., Rosin, etc.)	Classification (Sat., Ind., Hyb., CBD)	Prod. Type (BHO, etc.)	Batch ID	Lot ID	Test or Package Requested
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1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Packages & A La Carté Testing	Price	Packages & A La Carté Testing	Price
Oklahoma Compliance Pkg (OCP)	\$ 300.00	Heavy Metals (HM)	\$ 100.00
OCP - 3 Day	\$ 420.00	Pesticides (PEST)	\$ 100.00
Potency (POT)	\$ 50.00	Microbials (MICRO)	\$ 50.00
Potency - Next Day	\$ 100.00	Mycotoxins (MYCO)	\$ 80.00
Terpenes (TERP)	\$ 50.00	Residual Solvents (RS)	\$ 60.00
	\$		

Day 1 of testing begins the day after the sample is received.

Payment
(Office use only)

Payment Type: (Circle One) Total Due: _____
 CASH CARD CC AUTH INV Amount Received: _____
Amount Due: _____