



INTAKE FORM

Flower

Company Name: _____ Total # of Samples: _____

Account Manager: _____ Due Date: _____

Date Submitted: _____ Order #: _____

	Sample Name	Strain Name	Product Type (Cured, Trim, etc.)	Classification (Sat., Hyb., THC Free)	Grow Type (Indoor/Outdoor)	Batch ID	Lot ID	Test(s) or Pkg. Requested
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

By checking this box you acknowledge, providing information on this form, and releasing custody of your samples you are entering into a contract with Express Toxicology Services to test your product.

By checking this box you acknowledge that there may be times we have to outsource your product for required testing to complete.

PACKAGES

Oklahoma Compliance PKG. (OCP/5-7day) \$ 325.00

OCP Expedite (OCP3/3-4 Day) \$ 420.00

A LA CARTÉ TESTING

Potency (POT) \$ 50.00

Potency - Expedite \$ 100.00

Terpene (TERP) \$ 60.00

Terpene - Expedite \$ 100.00

Microbials (MICRO) \$ 90.00

Mycotoxins (MYCO) \$ 80.00

Pesticides (PEST) \$ 115.00

Heavy Metal (HM) \$ 90.00

Moisture (M) \$ 20.00

Water Activity (WA) \$ 20.00

Foreign Material (FM) \$ 20.00

(Office Use Only)

Total Due: _____

Amount Received: _____

Amount Due: _____

Payment Type: (Circle One)

CASH

CARD

CC AUTH

INV. _____

PAID? (Circle One) **Y OR N**