



INTAKE FORM

Ingestibles

Company Name: _____ Total # of Samples: _____

Account Manager: _____ Due Date: _____

Date Submitted: _____ Order #: _____

Sample/Strain Name	Product Type (Gummy, Cookie, etc.)	Classification (Sat., Hyb., Ind., CBD)	Servings per Container	mg per Serving	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
Production PKG* (PP/5-7day)	\$ 250.00
Production Expedite* - (PP3/3-4 Day)	\$ 370.00

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
Residual Solvents (RS)	\$ 100.00
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**

* Production Package must have a passing CoA from Express Toxicology Services on the product that was used to infuse your final product.