

How to Submit Samples

1 PREPARE YOUR SAMPLES

- Review sample size requirements below
- Use a gloved hand and sterilized tools when handling sample(s)
- Dry plant material before shipping
- Place samples in a leak-proof container
- All flower samples receive a moisture test
- Each sample should be clearly labeled with:
 - Company / Farm Name
 - Sample Name

Assay	Flower	Concentrates & Extracts	Edibles & Infused Products
Potency	2 g	1 g	1 g / 10 units
Terpenes	0.5 g	0.5 g	0.5 g
Yeast and Mold	2 g	0.5 g	0.5 g
Mycotoxins	0.5 g	0.5 g	0.5g
Pesticides	1 g	1 g	1 g
Heavy Metals	2 g	2 g	2 g
Residual Solvents	n/a	0.5 g	0.5 g

2 COMPLETE CHAIN OF CUSTODY (CoC) FORM

The Chain of Custody (CoC) form will help keep your samples organized and ensure that everything is processed in the most accurate manner possible.

Explanation of Terms in CoC Form:

- **Sample name** is the name you would like on the Certificate of Analysis (CoA) you will receive following testing.
- **Target concentration** is the amount of CBD/a that is expected in a given sample. It is assumed all samples should be <0.3% THC. If you are interested in a cannabinoid other than CBD/a please indicate them here. Concentrates and flower can be in % of the total volume while edibles/topicals can be mg of CBD/a in the sample.

3 PACKAGE YOUR SAMPLES AND SHIP

- **Weight per Unit** is the weight or volume that a single unit of an edible or topical sample is sold (e.g. 50g of lotion or a 200 mL beverage).
- **Density** is the weight of 1ml of product.

Please complete this form and include with your shipment of samples. **A copy of this form is available at the end of this document.**

Ensuring sample integrity while in transit will be important to avoid any shipping or testing delays.

- We recommend placing all packaged samples into a secondary container for shipping. A watertight/ leak-proof container or sealable mylar envelope is ideal.
- We recommend sealing all major seams of the shipping container with high quality packing tape in addition to the security sticker. If the package arrives at the or facility and appears to be altered, we will notify you and may request new samples to be sent.

Enclose the following:

- Supporting documentation: State or international cultivation/manufacturing licenses, or certificates of analysis
- Completed Chain of Custody Form
- A check made out to ACT Laboratories for testing

Please send samples to:

ACT Laboratories inc.
2137 S. Main St.
Morton, IL 61550

If there are any questions about this document or if any additional information is needed, please contact us : (517) 227 – 2166 \ hemp@actlabllc.com.



ACT LABORATORIES INC.
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 517.227.2552 · hemp@actlabllc.com
 www.actlaboratories.com

CHAIN OF CUSTODY

CLIENT INFO	CONTACT INFO FOR LAB REPORTING
COMPANY: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	NAME: _____ PHONE: _____ EMAIL: _____

HEMP LICENSE INFO

INDUSTRIAL HEMP STATE LICENSING DEPT: _____

STATE HEMP LICENSE NUMBER: _____

PA Permit Holders: Please indicate if you would like the results reported to the state: yes or no
 Cathy Thomas Bureau of Plant Industry PA Department of Agriculture 2301 N. Cameron Street Harrisburg, PA 17110

PAYMENT: ACT LABORATORIES REQUIRES A PREPAID CHECK TO BE INCLUDED WITH YOUR SAMPLES. PLEASE MAKE CHECKS PAYABLE TO ACT LABORATORIES INC. CONTACT FOR AVAILABLE PAYMENT PLANS.

ACT LABORATORIES INTERNAL USE: LABORATORY INTAKE / BILLING

RECEIVED & VERIFIED SHIPMENT ENTERED INTO LIMS SYSTEM	INITIAL & DATE: _____ INITIAL & DATE: _____
CHECK NUMBER: _____ BILL CLIENT: _____	AMOUNT RECEIVED: _____ PAYMENT RECEIVED BY: _____ DATE: _____
FINAL STEP: SCAN PAGES 1 & 2 WITH COPY OF CHECK TO CELESTE (celestek@actlabllc.com) IN THE ACCOUNTING DEPARTMENT. INITIAL & DATE: _____	

