



Request for Analysis Form

Date Received (Internal Use)

Please include this form in the shipment with the samples to 2323 Sycamore Drive, Knoxville TN 37921. For assistance, contact us at 1-877-449-8797 or hempinfo@galbraith.com

Client Information

Name	
Company	
Address	
City	
State/Province	
Postal Code	
Country	
Phone	
Quote Number	
Report Results to (email addresses)	

Testing Information

Payment Information

Testing Packages (check if desired)	Description / Minimum sample / Cost per Test	PO Number	
<input type="checkbox"/> Cannabinoids ¹	Total cannabinoids including THC / 2g / \$60	Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex
<input type="checkbox"/> Moisture ¹	Determined by weight loss when dried / 2g / \$20	Credit Card Number	
<input type="checkbox"/> Terpenes	Approximately 40 terpenes / 2g / \$65	Expiration Date	
<input type="checkbox"/> Residual Solvents	Approximately 40 solvents / 2g / \$60	CVC Number	
<input type="checkbox"/> Heavy Metals	Cadmium, Lead, Arsenic, and Mercury / 0.5g / \$65	Card Holder Name	
<input type="checkbox"/> Pesticides	Approximately 60 Pesticides / 2g / \$175	Billing Address	
<input type="checkbox"/> Mycotoxins	Aflatoxins B1, B2, G1, G2 and Ochratoxin A / 2g / \$75	City, State	
<input type="checkbox"/> Basic Microbials ²	Aerobic Bacteria Count, Total Yeast and Mold, Total Coliform and E. Coli / 3g / \$75	Zip Code, Country	
<input type="checkbox"/> Expanded Microbials ²	Aerobic Bacteria Count, Total Yeast and Mold, Total Coliform and E. coli, Pseudomonas aeruginosa, Staphylococcus aureus, Aspergillus sp., Salmonella, Enterobacteriaceae, Foreign matter / 7g / \$125	Card Holder Phone number	

¹ If moisture is selected, cannabinoids and/or Total THC will be reported on the dry basis (this is recommended for flower samples)

² Please submit samples in sterile containers. Free sterile containers can be requested from Galbraith by sending an email to receiving@galbraith.com

Sample Information

Sample I.D.(s)	Sample Type	Internal Lab ID(s)

Comments³

³ Samples will be discarded after testing is complete unless otherwise specified in the comments section

Chain of Custody

Relinquished By		Date / Time	
Received By		Date / Time	
Relinquished By		Date / Time	
Received By		Date / Time	