

HEMP ANALYSIS REQUEST FORM

**A COPY OF YOUR PERMIT MUST ACCOMPANY YOUR SAMPLE
 SAMPLES CAN NOT BE TESTED WITHOUT A COPY OF YOUR PERMIT**

GROWER/PROCESSOR INFORMATION			
Farm Name:			
Grower Name:		Phone:	
Mailing Address:			
City:	State:	Zip:	
Email:		Accounting Use	Total Due \$
Permit License Number:		Tech #	Stop Charge \$
Certified Sampler #	Name:	Date:	

Test Packages (Mark desired test)

- | | |
|---|--|
| <input type="checkbox"/> Potency Analysis \$85.00
<input type="checkbox"/> Heavy Metals \$200.00
<input type="checkbox"/> Terpenes \$120.00
<input type="checkbox"/> Pesticides and Toxins \$300.00
<input type="checkbox"/> Microbials \$200.00
<input type="checkbox"/> Residual Solvents \$150.00 | <input type="checkbox"/> Potency, Pesticides and Toxins \$345.00
<input type="checkbox"/> Potency, Pesticides, Toxins and Terpenes \$425.00
<input type="checkbox"/> Potency, Pesticides, Toxins and Solvents \$455.00
<input type="checkbox"/> Potency, Pesticides, Toxins, and Microbials \$500.00
<input type="checkbox"/> Potency, Pesticides, Toxins and Metals \$500.00
<input type="checkbox"/> Potency, Pesticides, Toxins, Metals and Solvents \$610.00
<input type="checkbox"/> Potency, Pesticides, Toxins, Microbials and Metals \$650.00 |
|---|--|

SAMPLE INFORMATION			
Office Use Only	Sample Description	Variety (Must be listed)	Date Sampled

Each sample receives analysis for Cannabichromene (CBC), Cannabidiol (CBD), Cannabigerol (CBG), Cannabinol (CBN), Cannabidiolic Acid (CBDA), Cannabigerolic Acid (CBGA), Cannabidivarin (CBDV), Cannabidivarinic Acid (CBDVA), Δ9-Tetrahydrocannabinol (Δ-9 THC), Δ8-Tetrahydrocannabinol (Δ-8 THC), Δ9-Tetrahydrocannabinolic Acid (THCA-A), and Tetrahydrocannabivarin (THCV).

Payment Information- Checks made Payable to LDHIA			
ADD \$10 shipping per submission - Payment required before sample is processed			
Check Enclosed - Please indicate check number:			
Credit Card Type:	Visa	Mastercard	American Express Discover
Name on Card:			
Credit Card Number:	-	-	Expiration Date: CVV:

I authorize the above-named business to charge the credit card indicated on this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment so long as the transaction corresponds to the terms indicated on this form.

Signature: _____