



**Cannabis Sample
Submission Form**

Doc #	F107
Rev	2
Effective	5/5/2022
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Client Name: _____ Phone: _____
 Contact Name: _____ Email: _____
 License #: _____ Date Submitted: _____
 Address: _____

Sample/Strain Name:	Collection Date:	Test Code(s)	Priority[†]
Sample Lot:	Sample Type:		
	Unit Size:		

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Sample Lot:	Sample Type:		
	Unit Size:		

† - S – Standard Processing (3 – 5 Business Days)
 P – Priority Processing (1- 3 Business Days) + \$25 per sample
 E – Expedited Processing (Same Day Results) + \$100 per sample **MUST CALL PRIOR TO SUBMITTING SAMPLE**

This form MUST accompany your samples upon arrival to APRC. Failure to fill out a sample form will result in your sample not being tested until you do so.

Sample Receipt (for lab use only)			
Received by: (Sign and Print)		Date:	Time: