CHAIN OF CUSTODY

NAME OF MIF				Wanitest ID #												
MTF Physical Ac	ddress:			-			Metro	: ID#								
MTE Cortification	n Numbor			_								Page		_ of		
MTF Certification Number: Report To Cultivator or Manufacturer Name				Cultivator or Manufacturer License or Registration Number Billing Address (if different)							A malua	is Rec				
											Anaiys	is Key			nre	
Address					, CBDA)		lg, Pb)			Filth and Foreign Material	ıritie	/loistu	kins			
City State Zip			City			State	Zip	CBD,	eity	Cd, F	vents	les	n Ma	lmpi	2 % №	Aflatoxins/Ochratoxins
Phone Fax				Phone Fax					Homogeneity	(As,	Sol	Pesticides	oreig	gical	ty and	,/Och
Sampler Signature Printed Name			e	Affiliation			PO Number	(THC, THCA,	Hom	letals	Residual Solvents	Pe	and F	Microbiological Impurities	Activi	toxins
MTF Number Do Not Use	Sample Identification (container)		Date Collected	Time Collected	Matrix	# of Containers	Temp at collection/Tem of cooler at Receipt (if co or frozen product)	p >		Heavy Metals (As, Cd, Hg,	Res		Filth	Micro	Water Activity and % Moisture	Aflat
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Relinquished by:						Received	by:									
Printed Name Signature		Affiliation	ļ	Date/Time	Printed Nar	ed Name Sign		ature			tion		Date/Time			
Relinquished	d by:					Received	by:									
Printed Name Signature		Affiliation	n Date/Time		Printed Name Sig		nature	<mark>ature</mark> Af			tion		Date/Time			
Samples Remove (Date/Time/Name	e/Signature)					(Date/Time/	eturned to Storage (Name/Signature)									
Samples Removed from Storage (Date/Time/Name/Signature)							Samples Returned to Storage (Date/Time/Name/Signature)									
Samples Destroy (Date/Time/Name	yed e/Signature)															

NOTE: Yellow highlighted items are required by Certification of Marijuana Testing Facilities Rule.