

ACCOUNT INFORMATION			PRIMARY REPORTING CONTACT		CLIENT PORTAL ACCESS REQUEST	
Client/Company		License #	Name:		Username Requested:	
Address:			Phone:		E-mail 1:	
City:	State:	Zip:	E-mail:		E-mail 2:	

SAMPLE INFORMATION				PRODUCT PROFILE TESTING				CONTAMINANT TESTING						CBD PANEL - 1	CBD PANEL - 2	LAB USE ONLY
Please type directly into the form. All fields are required.				CANNABINOID POTENCY		Terpenes	Moisture	Residual Solvents	Microbials	Mycotoxins	Pesticides	Metals		Potency, Metals, Microbials, Mycotoxins, Residual Solvents, Pesticides, Terpenes	Potency, Metals, Microbials, Mycotoxins, Pesticides, Terpenes	LIMS PROJECT #
				Turn Time	Additional Info							Standard	Full Scan			
Sample ID		QR Code on Report?	Photo on Report?	1-3 days	Density (for mg/ml) Fill wt. (for units)	3-5 days	3-5 days	3-5 days	3-5 days	3-5 days	3-5 days	3-5 days	3-5 days	5-7 days	5-7 days	Sample #
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																

PAYMENT AND CONFIRMATION OF SAMPLE SUBMISSION			SAMPLE RECEIPT (LAB USE)	NOTES/ADDITIONAL REQUESTS
Please include a check made payable to Badger Laboratories, submit payment on our website at badgerlabs.com/make-a-payment or call our office directly to make payment over the phone. Please confirm sample submission by completing name and date section below.			Received By:	
			Date/Time Received:	
Name	Signature	Date		