

Intake Form

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|---------------------|--|---------------------|--|
| Organization Name: | | | |
| Date of Collection: | | Time of Collection: | |

Please Fill Out All Categories Below:

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|---|--|
| STRAIN NAME | |
| CATEGORY <i>(Plant, Concentrate, Ingestible, Topical)</i> | |
| TYPE <i>(Cured, Trim, RSO, Wax, Gummy, Salve, etc.)</i> | |
| CLASSIFICATION <i>(Sativa, Indica, Hybrid, CBD, etc.)</i> | |
| PRODUCTION METHOD <i>(In/Outdoor, GH, Co2, Infused Ing, etc.)</i> | |
| BATCH ID | |
| BATCH SIZE/WEIGHT | |
| SAMPLE WEIGHT | |
| UNITS PER SERVING | |
| SERVINGS PER CONTAINER | |
| UNIT DESCRIPTION <i>(Candy, Chocolate, Liquid, Oil, etc.)</i> | |
| OTHER INFO/NOTES | |

Testing Packages:

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|--|---------------------|
| COMPLIANCE TESTING PANEL (FLOWER) | MYCOTOXINS |
| COMPLIANCE TESTING PANEL (PRODUCTION) | MICROBIALS |
| TERPENES | POTENCY |
| PESTICIDES | HEAVY METALS |
| RESIDUAL SOLVENTS | |