



Dow Testing Services

CHAIN OF CUSTODY FORM

SHIP SAMPLES TO:

Unit A2 88 Cornelia Street
Smiths Falls, Ontario
K7A 5K9

Contact/Company Name: _____
 Address: _____
 City: _____ Province: _____
 Postal Code: _____ PO # _____
 Health Canada License Number: _____

Email: _____
 Telephone: _____
 Expected Date of Shipping: _____
 Expected Date of Test Results: _____

Shaded blue area for lab use only
 Turn around time from receipt of sample:
 With microbiology: 4-6 business days
 Without microbiology: 2-4 business days

COC Form # _____	<p>Health Canada Testing Package Total THC, Total CBD, Heavy Metals, Mycotoxins (Aflatoxin B1, B2, G1, G2, Ochratoxin A), Foreign Matter, Total Aerobic Microbial Counts, Total Yeast and Mould Counts, Bile-Tolerant Gram-Negative Bacteria, <i>Escherichia coli</i>, <i>Salmonella spp.</i> and Pesticide Screening</p>	<p>Include special instructions or notes here:</p>			<p>Analysis Requested</p>									
Dow Testing Services ID #	Client ID	Matrix	Sample Weight (g)											
				Health Canada Testing Package										
				Cannabinoid Profiling & Potency (7)										
				Terpene Profiling (19)										
				Heavy Metals (As,Cd,Hg,Pb)										
				Mycotoxins										
				Pesticide Screening (96)										
				Total Aerobic Microbial Counts										
				Total Yeast and Mould Counts										
				Bile-Tolerant Gram-Negative Bacteria										
				<i>Escherichia coli</i>										
				<i>Salmonella spp.</i>										
				Loss on drying (plant material)										
				Residual Solvent										

Sample Receiving Checklist:

Documentation
 Sample Containers
 Sample Size

Comments:

This form constitutes a sample transfer request when signed by authorized Dow Testing Services personnel.

Approved to Ship _____
 Date Approved _____
 (A)QPIC Name _____
 X: _____
(A)QPIC Signature

Total Weight (g):	
CHAIN OF CUSTODY	
Contents released by (print name): _____	Contents received by (print name): _____
Date (YYYY-MM-DD): _____	Date (YYYY-MM-DD): _____
X: _____	X: _____
<i>Signature</i>	<i>Signature</i>

Please fill out this form completely, including container weights. Dow Testing Services will retain samples for two (2) weeks following completion of requested testing. Label samples carefully and complete all parts of the form.