



CHAIN OF CUSTODY

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Client: _____

Address: _____

Phone: _____

Contact(s): _____

Email(s): _____

Sample(s) received by

Drop off

Pick up

By Mail

Sample Name	Batch Number	Lab Number	Grams Received	Test	Matrix							
				Cannabinoid Profile by HPLC	Flower	Concentrate	Vape Oil	Tincture	Plant Oil	Edible *List edible type*	Oil	Other
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												

Chromatograms
 (\$5 per test)

Sample Images on Report
 (\$5 per sample)

Notes:

Relinquished by sampler (sign): _____ (print): _____

Date: _____ Time: _____

Sample Received DRY: (Circle) Yes No Temp: (Circle) Hot Cold Room Temp

Received by DVT: _____ Date: _____ Time: _____

Lab Discard Date: _____ Tech Initial: _____