

Field ID Number

New Jersey Department of Health
Public Health and Environmental Laboratories
Environmental and Chemical Laboratory Services
 PO Box 361, Trenton, NJ 08625-0361
 Phone: 609-530-2820

Lab Number (For Lab Use Only)

MEDICINAL MARIJUANA TESTING LABORATORIES
SPECIMEN SUBMITTAL
(See Instructions)

AGENCY INFORMATION			
Client	Send Results To	Project Name	
Street Address	Street Address	Bill To	
City, State, Zip Code	City, State, Zip Code	Street Address	
Phone	Email Address	City, State, Zip Code	
Fax	Phone	Email Address	
Agency ID	Fax	Phone	Fax

SPECIMEN INFORMATION			
Sampling Site / Grower	Collection Date (YY/MM/DD) / /	Sample Type <input type="checkbox"/> Pistillate Flowers <input type="checkbox"/> Leaves <input type="checkbox"/> Shake	Cultivar Name
Street Address	Collection Time (24h) _ _ _ _	Sample Weight (g)	Check if Treatment Applied* <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify: _____ _____
City, State, Zip Code	Sample Collector		

**Treatment is defined as the application of any substances in the course of producing this marijuana batch*

ANALYSIS REQUESTS	
<input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Cannabinoid Profile <input type="checkbox"/> Pesticide Residue <input type="checkbox"/> Heavy Metals <input type="checkbox"/> Mycotoxins <input type="checkbox"/> Other _____	

CHAIN OF CUSTODY					
Relinquished by	Received By	Sample Weight (g) Upon Receipt	Date	Time	Reason for Transfer
Printed Name	Printed Name				
Signature	Signature				
Printed Name	Printed Name				
Signature	Signature				
Printed Name	Printed Name				
Signature	Signature				
Printed Name	Printed Name				
Signature	Signature				