



CANNABINOID CONCENTRATION ANALYSIS REQUEST FORM

Client Information

| | |
|------------------|--|
| Contact name | |
| Contact E-mail | |
| Contact phone no | |
| Company name | |
| Company address | |

Results will be reported as % cannabinoid weight/weight unless otherwise requested.

Post Analysis samples will be retained and disposed of by Greenleaf Processing Limited.

Laboratory use only:

| | |
|----------------|--|
| Client ID code | |
|----------------|--|



| | |
|------------------------------------|--|
| Sample 1 Name: | |
| Sample description (Oil/paste etc) | |
| Expected CBD Content: | |
| Client Batch Code: | |
| Certificate of Analysis Required? | |
| Lab use Only: Sample ID | |

| | |
|------------------------------------|--|
| Sample 2 Name: | |
| Sample description (Oil/paste etc) | |
| Expected CBD Content: | |
| Client Batch Code: | |
| Certificate of Analysis Required? | |
| Lab use Only: Sample ID | |

| | |
|------------------------------------|--|
| Sample 3 name: | |
| Sample description (Oil/paste etc) | |
| Expected CBD Content: | |
| Client Batch Code: | |
| Certificate of Analysis Required? | |
| Lab use Only: Sample ID | |