



CHAIN OF CUSTODY/HEMP SAMPLE SHIPMENT FORM

PERMIT HOLDER INFORMATION

Hemp Permit Number: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

HEMP SAMPLE INFORMATION

Sample Number	Lot Number	Variety

Name of Laboratory Receiving Samples: \_\_\_\_\_

Address of Laboratory Receiving Samples: \_\_\_\_\_

Name of Shipping Company Handling Samples: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Number of Containers Use to Ship: \_\_\_\_\_

Tracking Information: \_\_\_\_\_

**A copy of this form must accompany samples to the laboratory**

Name of Permittee (*print*) \_\_\_\_\_

Title \_\_\_\_\_

Permittee Signature: \_\_\_\_\_

Date \_\_\_\_\_

Name of Sampling Agent: (*print*): \_\_\_\_\_

Signature of Sampling Agent: \_\_\_\_\_

Date \_\_\_\_\_