

REQUEST FOR TEST REPORT

Company:	Email:	
Contact person:	Date ____ / ____ / 20__	Tel
Sample number (for laboratory use only)	Sample nr	
Sample Description		
Product Name		
Product Description		
Seal Condition		
Packaging		
Sample Storage Conditions		
Sample Type (Flower, Leaves, Oil)		
Sample Condition		
PO number		

Please tick off the required analysis with an "X" in the space provided

Quantification of Cannabinoids + Potency		Heavy Metals	
Sample Volume Required: 7 grams		Sample Volume Required: 4 grams	
Turnaround Time: 7 Working days		Turnaround Time: 7 Working days	
Cannabinoid Profile (Raw Flower)	<input type="checkbox"/>	Mercury (Hg)	<input type="checkbox"/>
Cannabinoid Profile (Oil, Powder, Tincture)	<input type="checkbox"/>	Lead (Pb)	<input type="checkbox"/>
Terpene Profile		Arsenic (As)	<input type="checkbox"/>
Sample Volume Required: 1 gram		Cadmium (Cd)	<input type="checkbox"/>
Turnaround Time: 11 Working days		Nickel (Ni)	<input type="checkbox"/>
Terpene Profile	<input type="checkbox"/>	Zinc (Zn)	<input type="checkbox"/>

Toxins		Pesticides	
Sample Volume Required: 30 grams		Sample Volume Required: 10 grams for all Analyses	
Turnaround Time: 14 Working days		Turnaround Time: 16 Working days	
Aflatoxins	<input type="checkbox"/>	Pesticides	<input type="checkbox"/>
Ochratoxin A	<input type="checkbox"/>	Pesticides (Wet)	<input type="checkbox"/>

Micro Analysis			
Sample Volume Required: 35 grams for all Analyses			
Turnaround Time: 12 Working days			
Total aerobic Microbial Count	<input type="checkbox"/>	E.Coli 0-157	<input type="checkbox"/>
Total Coliform Count	<input type="checkbox"/>	E.Coli	<input type="checkbox"/>
Total Bile tolerant Gram-Negative Count	<input type="checkbox"/>	Enterobacteriaceae	<input type="checkbox"/>
Total Yeast and Moulds	<input type="checkbox"/>	Listeria	<input type="checkbox"/>
Salmonella	<input type="checkbox"/>	S.aureus	<input type="checkbox"/>
P.aeruginosa	<input type="checkbox"/>	Shigella	<input type="checkbox"/>

Other Analysis			
Sample Volume Required: 7 grams for all Analyses			
Turnaround Time: 5 - 7 Working days			
Ash Residue	<input type="checkbox"/>	Loss on Drying	<input type="checkbox"/>

If upon arrival any sample is damaged to the extent that the integrity of the sample will be influenced, please indicate how you wish Vinlab to proceed

(please tick the applicable box)

Return the sample

Continue with analysis

Call me to clarify

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Are you satisfied with our service?