

FOR LAB USE ONLY
Register
Signed
Date

			ANALYSIS R	EG	QUEST FOR	M							
Company / Entity Name:	Email:												
Contact person:					Date	_/	/ 20	Tel:					
Sample number													
(for laboratory use only)								Sample nr					
Please s	select the	typ	e of certificate to I	oe i	ssued with an	"X" ir	the spo	ace provid	ded				
Certificate of Analysis for Production Purp	oses				Certificate of Analysis for Export Purposes								
Preliminary Results Required (Cannabinoids	Only)												
			Sample	Info	ormation								
Sample Type (Flower, Leaves, Oil, Trichor	nes, Tinctur	es, Cı	reams)										
Sample / Product Description													
Radiated or Non-Radiated													
Packaging													
Lot Number / Batch Number													
Seal Condition													
Manufacturing Date													
Expiry Date - for Drug Products													
PO Number for Quote / Invoice													
Storage Conditions	Ambient:	15°C	to 25°C / 55-65% RH		Refrigerator: 2°C to 8°C Freezer: -10°C to					°C to -30°C			
			•		equired								
			ck off the required anal	ysis v	with an "X" in the s	pace	<u> </u>						
Quantification of Co			Potency					eavy Met					
Sample Volume								Volume Require					
Turnaround Time: 5 Working days sta		king d	ays (Ph. Eu method)		Maraum (Ua)		Turnarou	nd Time: 10 Wo	orking c	lays			
Cannabinoid Profile (Raw Flower, Dry Bas	-				Mercury (Hg)								
Cannabinoid Profile (Raw Flower, Wet Ba Cannabinoid Profile (Other)	515)		This space is for Lab use		Lead (Pb) Arsenic (As)								
Cannabinoid Profile: Ph.Eur Method					Cadmium (Cd)					This space is for Lab use			
(Total THC, Total CBD & CBN only)	D (1)												
•	ne Profile				Nickel (Ni)								
Sample Volume					Zinc (Zn)			Dankaida	_				
Turnaround Tim	ne: / working	aays	This space is for Lab use			S	ala Maluma I	Pesticide		all Anabase			
Terpene Profile	Analysis		This space is for Lab use		Sample Volume Required: 10 grams for all Analyses Turnaround Time: 10 Working days								
Sample Volume Require		or all A	nalvses		LC-MS Ph.Eur Pes	licides		ila ililic. To We	, king c	idys			
Turnground Tim					LO MIO I II.LOI I CO	iiciacs		Mycotoxii	ns (Sel	lect one option)			
With Growth promoter as per Ph. EU	YES	NO						Volume Require					
Total Aerobic Microbial Count					Turnaround Time: 10 Working days								
Total Coliform Count					Ochratoxin A On	ly				T			
Total Bile tolerant Gram-Negative Count					Ochratoxin A & A	flatox	ins	·R ———	This space is for Lab use				
Total Yeast and Moulds					Other Anal								
Salmonella n/10a					Sa	mple vo	olume requir	ed are indicate	d next	to the description			
Salmonella p/25g OR						ays							
P.aeruginosa			This space is for Lab use		Appearance			1 gram					
E.Coli 0-157					Odour								
E.Coli					Identity A			1 gram					
Enterobacteriaceae					Identity B			1 gram					
Listeria					Identity C 2 gr			2 grams					
S.aureus					Foreign Matter OR 25 grams					This space is for Lab use			
Shigella					Foreign Elements (Biomass) 25 grams (Liquid Extracts) 2 grams								
Extra Instructions & Comments:					Loss on Drying - EU method 2 grams								
Ī				Loss on Drying - Moisture Analyser 2 grams									
					Water Activity 2 grams								
					Ash Residue			2 grams					
If upon arrival sample is dar	naged to the	exte	nt that the integrity of the	samı	ple will be influence	d, pled	ase indicate	e how you wis	h Vinle	ab to proceed?			
Return the sample		Cont	inue with analysis				Call me to	clarify					
			For I	Lab	use:								
Sample Weight					Checked in by								
Date					Sign								
Lab Comments													

Please note that clients should provide Vinlab with the specifications to reflect on the COA.

Any Information not provided as per this form will be reported as "not indicated" on the COA.

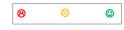
The Expected Turnaround Time for a full COA is 15 Working days.

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FOR LAB USE ONLY
Verify
Signed
Date

Are you satisfied with our service?



FOR LAB USE ONLY
Sample Sticker
Signed _____
Date ____