

FOR LAB USE ONLY Enter _____ Signed _____ Date _____		 CANNABIS your partner in quality pharmaceutical analyses		FOR LAB USE ONLY Register _____ Signed _____ Date _____	
ANALYSIS REQUEST FORM					
Company / Entity Name:			Email:		
Contact person:			Date ____ / ____ / 20__		Tel:
Sample number (for laboratory use only)			Sample nr		
Please select the type of certificate to be issued with an "X" in the space provided					
Certificate of Analysis for Production Purposes			Certificate of Analysis for Export Purposes		
Preliminary Results Required (Cannabinoids Only)					
Sample Information					
Sample Type (Flower, Leaves, Oil, Trichomes, Tinctures, Creams)					
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 -30°C
Analysis Required					
Please tick off the required analysis with an "X" in the space provided					
Quantification of Cannabinoids + Potency			Heavy Metals		
Sample Volume Required: 8 grams			Sample Volume Required: 4 grams		
Turnaround Time: 5 Working days standard / 7 Working days (Ph. Eu method)			Turnaround Time: 10 Working days		
Cannabinoid Profile (Raw Flower, Dry Basis)		This space is for Lab use	Mercury (Hg)		This space is for Lab use
Cannabinoid Profile (Raw Flower, Wet Basis)			Lead (Pb)		
Cannabinoid Profile (Other)			Arsenic (As)		
Cannabinoid Profile: Ph.Eur Method (Total THC, Total CBD & CBN only)			Cadmium (Cd)		
Terpene Profile			Nickel (Ni)		
Sample Volume Required: 2 gram			Zinc (Zn)		
Turnaround Time: 7 Working days			Pesticides		
Terpene Profile		This space is for Lab use	Sample Volume Required: 10 grams for all Analyses		
Micro Analysis			Turnaround Time: 10 Working days		
Sample Volume Required: 45 grams for all Analyses			LC-MS Ph.Eur Pesticides		
Turnaround Time: 12 Working days			Mycotoxins (Select one option)		
With Growth promoter as per Ph. EU	YES	NO	Sample Volume Required: 2 grams		
Total Aerobic Microbial Count			Turnaround Time: 10 Working days		
Total Coliform Count			Ochratoxin A Only _____ OR _____		
Total Bile tolerant Gram-Negative Count			Ochratoxin A & Aflatoxins		
Total Yeast and Moulds			This space is for Lab use		
Salmonella p/10g _____ OR _____					
Salmonella p/25g			Other Analysis		
P.aeruginosa			Sample volume required are indicated next to the description		
E.Coli 0-157			Turnaround Time: 5 Working days		
E.Coli			Appearance	1 gram	
Enterobacteriaceae			Odour		
Listeria			Identify A	1 gram	
S.aureus			Identify B	1 gram	
Shigella			Identify C	2 grams	
Extra Instructions & Comments:			Foreign Matter	OR 25 grams	
			Foreign Elements	(Biomass) 25 grams (Liquid Extracts) 2 grams	
			Loss on Drying - EU method	2 grams	
			Loss on Drying - Moisture Analyser	2 grams	
			Water Activity	2 grams	
			Ash Residue	2 grams	
If upon arrival sample is damaged to the extent that the integrity of the sample will be influenced, please indicate how you wish Vinlab to proceed?					
Return the sample	Continue with analysis		Call me to clarify		
For 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.

By placing of an order or submission of this form you acknowledge that you have read, understood and agree to be bound by Vinlab's standard terms and conditions, found on our website or a copy of which can be requested from accounts@vinlab.com. To the extent that this analysis request form conflicts with or is inconsistent with aforementioned terms and conditions, this analysis request form shall prevail.

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FOR LAB USE ONLY Verify Signed _____ Date _____

Are you satisfied with our service?

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FOR LAB USE ONLY Sample Sticker Signed _____ Date _____
