



SUBMITTED BY:	
Address:	
Province:	Postal Code:
Phone:	Fax:
Email:	
Account #:	

ADDITIONAL INFORMATION	
<input type="checkbox"/>	Please email a copy of the analysis to:

EXPLANATION OF TEST PACKAGES	
PT2	Nitrogen, Nitrate, Phosphorus, Potassium, Magnesium, Calcium, Sodium, Sulphur, Boron, Zinc, Manganese, Iron, Copper, Aluminum
other	Silicon, Chloride, Molybdenum

Item #	SAMPLE ID (20 characters max)	PMID Plant Monitoring Program Only	STRAIN	GROWTH STAGE	SAMPLE WEIGHT		ANALYSIS	DATE SAMPLED	LAB NUMBER (for lab use only)
					Sent (g)	Rec'd (g)			
							PT2 <input type="checkbox"/> Other: <input type="checkbox"/>	DD/MM/YYYY	
							PT2 <input type="checkbox"/> Other: <input type="checkbox"/>	DD/MM/YYYY	
							PT2 <input type="checkbox"/> Other: <input type="checkbox"/>	DD/MM/YYYY	
							PT2 <input type="checkbox"/> Other: <input type="checkbox"/>	DD/MM/YYYY	
							PT2 <input type="checkbox"/> Other: <input type="checkbox"/>	DD/MM/YYYY	
							PT2 <input type="checkbox"/> Other: <input type="checkbox"/>	DD/MM/YYYY	

CANNABIS PLANT GROWTH STAGES
• Early Vegetative: CV1
• Pre-Flower: CV2
• Early Flower: CF1
• Late Flower: CF2
• Harvest: CF3
• Mature Non-Flowering: CVMAT

NO ANALYTICAL WORK WILL BEGIN WITHOUT SIGNED AUTHORIZATION	
Analysis Authorized By:	Date: DD/MM/YYYY
Custody Relinquished By:	Date: DD/MM/YYYY
Received by A&L:	Date: DD/MM/YYYY