



Chain of Custody Form - Cannabis Concentrates

Report To: Licence Holder: _____ Contact Person: _____ Address: _____ Telephone: _____ E-mail 1: _____ E-mail 2: _____ E-mail 3: _____	Invoice To: Same as "Report To" Contact / Company: _____ Address: _____ Telephone: _____ E-mail 1: _____ E-mail 2: _____ E-mail 3: _____ PO # _____	Submission Date (YYYY-MM-DD): _____ Health Canada Licence Number: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Ship Samples to: Anandia - Testing Division - Completed by Anandia upon COC approval <p style="text-align: center;">The default testing package includes</p> </div>	<i>Shaded Areas for Laboratory Use Only</i> Turnaround Time from sample receipt: Normal: up to 7 business days Rush¹: 2 Business days <small>1. Potency is the only test that can be rushed.</small>
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	Analysis Requested:
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Chain of Custody Form #	All test packages include: <ul style="list-style-type: none"> Microbiology tests: Potency, Heavy Metals, Aflatoxin, Pesticides, Foreign Matter 	Special instructions and notes: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> EP 5.1.4 (Inhalation) Total Aerobic Microbial Count Total Yeast and Mould Count Bile-Tolerant Gram-Negative Bacteria (absence) <i>Pseudomonas aeruginosa</i> <i>Staphylococcus aureus</i> </td> <td style="width:50%; border: none;"> EP 5.1.8 (Oral use) Total Aerobic Microbial Count Total Yeast and Mould Count Bile-Tolerant Gram-Negative Bacteria (quantitative) <i>Escherichia coli</i> <i>Salmonella</i> </td> </tr> </table>	EP 5.1.4 (Inhalation) Total Aerobic Microbial Count Total Yeast and Mould Count Bile-Tolerant Gram-Negative Bacteria (absence) <i>Pseudomonas aeruginosa</i> <i>Staphylococcus aureus</i>	EP 5.1.8 (Oral use) Total Aerobic Microbial Count Total Yeast and Mould Count Bile-Tolerant Gram-Negative Bacteria (quantitative) <i>Escherichia coli</i> <i>Salmonella</i>	
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	Default test package: Includes both EP 5.1.8 and EP 5.1.4 (inhalation and oral use) testing packages described above				

Anandia ID #:	Client Sample ID	Matrix (Choose from drop down list)	Provide Matrix Detail	# of Containers	Container weight (g)	Sample Weight (g)	Gross Weight (g)	Turnaround Time	Testing package (default)	Testing package (inhalation only)	Testing package (oral use)	Potency (THCA, THC, CBDA, CBD, CBN)	Terpene Profiling	Heavy metals (As, Cd, Hg, Pb)	Aflatoxins	Pesticide screening	Micro inhalation - Ph. Eur. 5.1.4	Micro oral use - Ph. Eur. 5.1.8 Table B	Ochratoxin	Residual solvent	Metals screening	Summary COA (short patient COA)

<p>This form constitutes a sample transfer request when signed below by authorized Anandia personnel.</p> <p>Approved to Ship: _____ Date Approved: _____ Approver's Name: _____</p> <p style="text-align: right;">_____ <small>Approver's Signature</small></p>	Sample Receiving Checklist Documentation Sample Containers Sample Size Sample Storage Location: _____ Sample Storage Temperature: _____ °C Comments: _____
Please fill out the COC form completely, including container weights. Please cross-check the sample names on the COC form with the names and weights on the containers to ensure consistency. Anandia will retain unused sample material for two (2) weeks following completion of the requested testing.	
I, the undersigned, am authorized under the Cannabis Act to possess cannabis and submit cannabis-derived products for analytical testing services. As per the Testing Services Agreement executed with Anandia, I acknowledge that Anandia makes no warranties, express or implied, with respect to the services.	

Chain of Custody			
Contents confirmed by: _____ Date (YYYY-MM-DD): _____ <small style="margin-left: 40px;">Printed name</small>	Received by: _____ Date (YYYY-MM-DD): _____		
Relinquished by: _____ Date (YYYY-MM-DD): _____ <small style="margin-left: 40px;">Printed name</small>	Confirmed by: _____ Time: _____ <small style="margin-left: 40px;">Signature of Relinquisher</small>		