

Please ship samples with this completed form enclosed to:
 KCA Laboratories, Sample Receipt
 232 North Plaza Drive
 Nicholasville, KY 40356

Sample Submission Form



COMPANY INFORMATION	SAMPLE SUBMITTER	RESULTS RECIPIENT
Name _____	Name _____	Name _____
Address _____	Title _____	Title _____
City _____ State _____ Zip _____	Email _____	Email _____
State License Number (if applicable) _____	Phone _____	Phone _____

SAMPLE INFORMATION Please complete each field for all samples. Incomplete information may result in reporting delays. Please feel free to add another sheet if needed.

SAMPLE NAME	SAMPLE/BATCH ID	MATRIX TYPE	C	F	H	H	M	M	N	P	S	T	V	COMMENT(S) AND/OR COMPARISON SAMPLE INFORMATION
			A	M	2	V	I	Y	U	E	P	O	E	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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KEY INFORMATION	PAYMENT
<p>Test Type CAN = Cannabinoids (incl. H2O), FMI = Foreign Material Inspection, H2O = Moisture Content, HVY = Heavy Metals, MIC = Microbials, MYC = Mycotoxins, NUT = Nutrients, PES = Pesticides, PH = pH Level, SOL = Residual Solvents, TER = Terpenes, VAP = Vape Contaminants</p> <p>Matrix Type (Add comments in the table or attach ingredients if requested below) Capsule (CAP), Distillate (DIS), Edibles (E – Ingredients?), Floral/Plant (FLO), Gel (GEL), Isolate (I), Liquids (L), Oils (OIL – Carrier?), Other (O – Ingredients?), Powder (POW – Ingredients?), Solvent Extracted (S – Solvent?), Tablet (TAB), Topical (TOP – Ingredients?)</p> <p>Refer to Testing Specification for further information, including turnaround times, sample sizes, lists of compounds tested, limits, etc. Refer to proposal for pricing information.</p> <p>Please sign below to confirm the samples being submitted comply with state/federal laws and regulations and that KCA Laboratories Terms and Conditions and Testing Specification have been received and understood.</p> <p style="text-align: right;">Signature _____ Date _____</p>	<p>Payment is required at time of submission.</p> <p>Payment Type <input type="checkbox"/> Check (Enclosed) <input type="checkbox"/> Credit Card (Choose below)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Account Number _____</p> <p>Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p>Cardholder Name _____</p> <p>Credit Card No. _____</p> <p>Card Exp. ____ / ____ CVV No. _____ Billing Zip _____</p>