

| Saguaro Testing<br>Chain of Custody<br>571N 54th St<br>Chandler AZ 85282<br>www.SaguaroTesting.com |                         | Customer Name:           |                                     |                                  |                    | *Micro Codes  |             |        |               | Inspection Codes: Lab Use Only |                     |              |            |                           |                  |             |             |         |     |     |        |
|--|-------------------------|--------------------------|-------------------------------------|----------------------------------|--------------------|---------------|-------------|--------|---------------|--------------------------------|---------------------|--------------|------------|---------------------------|------------------|-------------|-------------|---------|-----|-----|--------|
|  |                         | Customer Contact: Name   |                                     | Phone                            |                    | Email         |             |        |               | Bacteria                       | Aspergillus         | Mycotoxins   | Full Pkg.  | Intact                    | Broken           | Refrigerate | Freezer     | Ambient | Dry | Wet | Ground |
|  |                         | Customer Address:        |                                     |                                  |                    | B             | A           | M      | X             | OK                             | X                   | R            | F          | A                         | D                | W           | G           |         |     |     |        |
|  |                         | Transport Agent Number : |                                     |                                  |                    | Sample Matrix |             |        |               | Requested Testing              |                     |              |            | Inspection (Lab Use Only) |                  |             |             |         |     |     |        |
| Customer Sample Name/Strain  | Sample Batch/Lot Number | Sampling Agent           | Sampling Date & Time (M/D/YY HH:MM) | Lab Sample Number (Lab Use Only) | Mass Submitted (g) | Flower        | Concentrate | Edible | Topical       | Potency                        | Solvents & Terpenes | Heavy Metals | Pesticides | Microbial Testing*        | Container & Seal | Temperature | Sample Form |         |     |     |        |
| 1  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 2  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 3  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 4  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 5  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 6  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 7  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 8  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 9  |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| 10   |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| Notes:   |                         |                          |                                     |                                  |                    |               |             |        |               |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| Relinquished by: (Print)   |                         |                          |                                     |                                  |                    |               |             |        | Received by:  |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| Signature:   |                         |                          |                                     |                                  |                    | Date & Time:  |             |        | Agent Number: |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| Relinquished by: (Print)   |                         |                          |                                     |                                  |                    |               |             |        | Received by:  |                                |                     |              |            |                           |                  |             |             |         |     |     |        |
| Signature:   |                         |                          |                                     |                                  |                    | Date & Time:  |             |        | Agent Number: |                                |                     |              |            |                           |                  |             |             |         |     |     |        |