

	571 N 54th St. Chandler AZ, 85226 (480) 785-5800 www.SaguaroTesting.com info@saguarotesting.com	Client Information
		Client: _____ Address: _____ Phone: _____ Email: _____

Testing Key			
Medical Full Panel	MFP-01	MFP-02	
Adult Full Panel	AFP-01	AFP-02	
À La Carte	ALC-01	ALC-06	
	ALC-02	ALC-07	
	ALC-03	ALC-08	
	ALC-04	ALC-09	
	ALC-05	ALC-10	

Matrix Key		Drop-off Checklist	
Concentrate / Extract	C		Trip Manifest
Edible	E		Agent Card
Flower	F		Sufficient Samples
Topical	T		Signature
Other:	O		Payment

Order Number:	Sample Information					
	#	CC ID	Weight (g)	Matrix	Test	Inspection (P/F)
# #	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					

Notes: _____

I authorize Saguaro Testing to conduct test(s) as listed above
Agent Signature: _____
Date: _____

I confirm sample(s) received by client are as stated above to its entirety
Agent Signature: _____
Date: _____