

SUMMIT LABORATORY

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Chain of Custody

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Version 6.0, Effective: 1-10-2019

Project #:

Customer: Job Description: **Kratom Testing** Email:

Address: Job Name: **Analytical Parameters (Tests Requested)**

City, Zip: Contact Person:

Phone: Fax:

Item No.	Product Number / Sample Number	Date Taken	Time Taken	Sample Description / Lot (sample type: kratom)	No. of containers	Analytical Parameters (Tests Requested)								Notes:						
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

Released by: Received by: Date: Time: Lab Notes:

Released by: Received by: Date: Time: