

SUMMIT LABORATORY

Chain of Custody

Version 2.0, Effective: 1-2024

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Project #:

Customer:	Job Description: Kratom Testing	Email:
Address:	Job Name:	Analytical Parameters (Tests Requested)
City, Zip:	Contact Person:	
Phone:		

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

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