

SUMMIT LABORATORY

3351 36th Street SE, Kentwood, MI 49512

phone: 616-245-3818 email: mail@summitlaboratory.com

Chain of Custody

1535 Industrial Park Drive, Hart, MI 49420

phone: 231-873-1432 ext. 227

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Customer:				Job Description: Kratom				Project #:			
Address:				Job Name:				Email:			
City, Zip:				Contact Person:				Analytical Parameters (Tests Requested)			
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											
11											
12											
Released by:				Received by:		Date:		Time:		Lab Notes:	
Released by:				Received by:		Date:		Time:			