

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	Product Number	Date	Time	Sample Description / Lot	No. of							Notes:
No.	Sample Number	Taken	Taken	(sample type: Kratom)	containers							
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:				