



SAMPLE SUBMISSION FORM

Office: 802-540-0148 | Fax: 802-540-0147
 480 HERCULES DR. SUITE 101
 COLCHESTER, VT 05446

COMPANY NAME:		BIA ACCOUNT NUMBER:	
MAILING ADDRESS:		CONTACT	
PHYSICAL ADDRESS:		BILLING EMAIL:	
PHONE NUMBER:		GROWER LICENSE NUMBER:	

RESULTS WILL BE SENT TO THE FOLLOWING EMAIL ADDRESS(ES):

All results will be shared only with the parties listed on this form unless Bia Diagnostics receives official notification of additions to this list.

Payment: (For Bia Use)	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Credit Card <input type="checkbox"/>
	New	On File	

DESCRIPTION OF SAMPLE (AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE OF ANALYSIS)	DATE SAMPLED	TESTS REQUESTED FOR TESTING:									SAMPLE MATRIX (CHECK ALL THAT APPLY)							FOR BIA USE ONLY	
		Cannabinoids	Heavy Metals	Mycotoxins	Pesticides	Residual Solvents	Terpenes	Other (Indicate in Notes)	Microbial		Hemp	Cannabis (THC)	Oil	Chocolate	Gummy	Concentrate	Isolate	Other (Indicate in Notes)	BIA ID#
									Yeast & Mold	Total Aerobic Bacteria									

Notes:	Initial here to authorize Bia Diagnostics to initiate credit card payment _____
	Check if for Compliance Testing <input type="checkbox"/>

This sample submission form acts as the chain of custody for your sample. Please physically include it in the package when sending your samples. The company listed on this form as the submitter of the samples assumes all financial responsibility for work or product requested on this form. If additional testing becomes necessary, additional notification and agreement of financial responsibility will ensue.

FOR BIA USE ONLY:	Employee ID: _____	Date and Time Entered: _____
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We are always looking to improve!
 Please email or call us with your feedback regarding our services.
 (802) 540-0148 sales@biadiagnostics.com