



# Sample Submission Form

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 Call or Email with Questions:  
 802-540-0148 | [laboratory@biadiagnostics.com](mailto:laboratory@biadiagnostics.com)

Company Name:		Contact Name:	Bia Account Number:	
Billing Address:		Mailing Address:	Phone #:	
Include Address on COA: <input type="checkbox"/> YES <input type="checkbox"/> No		Grower License Number:		Billing Email:
Email Address where Results will be sent:			Payment (For Bia Use)	
			<input type="checkbox"/> Cash	<input type="checkbox"/> Check <input type="checkbox"/> Card

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

Description of Sample (As you would like it to appear on your Certificate of Analysis)	Lot	Analysis Requested											Sample Matrix						FOR BIA USE ONLY		
		Cannabinoids	Pathogens	Water Activity	Heavy Metals	Residual Solvents	Pesticides	Mycotoxins	Terpenes	Yeast & Mold	Tot. Aer. Bacteria	Gender ID	HLVd	Flower	Oil	Chocolate	Gummy	Concentrate	Isolate	Other	BIA ID#

Notes: \_\_\_\_\_ Initial here to authorize Bia Diagnostics to initiate credit card payment \_\_\_\_\_

Chain of Custody				
Sampled by/Date:	Relinquished by:	Date/Time:	Received by:	Date/Time:

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 requested on this form. If additional testing becomes necessary additional notification and agreement of financial responsibility will ensue. We are always looking to improve! Please email or call us with your feedback regarding our services from sample submission forms to your overall satisfaction of our customer service. (802) 540-0148 [sales@biadiagnostics.com](mailto:sales@biadiagnostics.com)