

Company Name: _____ Transport Manifest ID: _____
 Phone: _____ License Number: _____
 Account Email: _____ Client Name: _____
 Address: _____ Client Signature: _____
 Sampler: _____ Date: _____

Check Test Panel Type:

*For Sample Type, select from the following: Flower, Trim, Vol-Concentrate, Non-Vol Concentrate, Keif, Pre-roll, Extract (Alcohol), Extract (Other Liquid), Topical, Edible, Other Inhalable, or Other

| Lab ID <i>Internal Use only</i> | External Sample/Product Name | Batch or Lot # | Sample Type* | Sample Weight <i>in grams</i> | CCD Compliance Panel | POTENCY | VISUAL INSPECTION | MICROBIOLOGICAL | RESIDUAL PESTICIDES | RESIDUAL SOLVENTS | TERPENES |
|------------------------------------|------------------------------|----------------|--------------|----------------------------------|----------------------|---------|-------------------|-----------------|---------------------|-------------------|----------|
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* Miscellaneous testing offered includes heavy metals, mycotoxins, and moisture/water activity. Indicate in the notes section below if any of these tests are required. *

Not for Transfer or Sale Agreement


(Required if sample is not from licensed cannabis establishment, or if submitted as an R&D sample)

I, _____, attest that I am over 21 years of age and will not sell or transfer cannabis produced by a non-licensed entity or produced for research and development purposes.

Signature: _____ Date: _____

****Additional Fee applies to Expedite Orders when indicated as RUSH ** Samples not intended for human consumption****

| | |
|---|--|
| <p>Additional Comments/ Notes for Lab:</p> | <p>Bluebonnet Labs Rep Receiving Samples: Sign and Date:</p> <p><i>Internal Use</i></p> |
|---|--|

| | | |
|---|---------------------------------------|--|
|  | New Client Contact Information | ISO/IEC 17025:2017 Registration No. TL2020031 OP-340r0 |
| Document No: OP-302 | Revision No: 0 | Page 1 of 1 |

This form is used to onboard New Clients for Bluebonnet Labs. This information is used to create an account in our CloudLIMS and to ensure your reports and information are correct.

- Submit Username and Password Credentials to Client to access the Client Portal.
- Please access our client portal from Bluebonnet Web Address

<https://www.bluebonnetlabs.com/>

<https://saas.cloudlims.com/CloudLIMSAppBlueBonnetLabs/Login>

Client Contact Information

The purpose of the information is to ensure Bluebonnet Labs has current company and contact details for accurate reporting and communication purposes. Please complete all fields.

PLEASE FILL IN THE DETAILS BELOW:

Company Information

The information below will be displayed on Bluebonnet Analysis Reports and **must match the completed Chain of Custody Form.**

| | |
|-----------------|--|
| Company Name | |
| Company Email | |
| Company Address | |
| Company Phone | |

Primary Contact Information

| | |
|-------|--|
| Name | |
| Title | |
| Phone | |
| Email | |

Secondary Contact Information

| | |
|-------|--|
| Name | |
| Title | |
| Phone | |
| Email | |