

# Cannabis Chain of Custody Record

**Baseline  
Laboratories**



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Lab # \_\_\_\_\_  
Shaded areas for lab use only.

Company: _____ Address: _____ Phone: _____ E-Mail: _____ Contact: _____ License #: _____	Sample Type C: Concentrate D: Distillate E: Edible F: Flower T: Tincture OT: Other	Analysis <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Full Compliance</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Potency</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Terpenes</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Solvents</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Pesticides</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Mycotoxins</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Metals</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Microbiology Suite</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Water Activity</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Percent Moisture</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Full Compliance	Potency	Terpenes	Solvents	Pesticides	Mycotoxins	Metals	Microbiology Suite	Water Activity	Percent Moisture											
Full Compliance	Potency	Terpenes	Solvents	Pesticides	Mycotoxins	Metals	Microbiology Suite	Water Activity	Percent Moisture														

Baseline Sample #	Client Sample Identification	Batch ID	Amount Submitted	Sample Type	Full Compliance	Potency	Terpenes	Solvents	Pesticides	Mycotoxins	Metals	Microbiology Suite	Water Activity	Percent Moisture							

Requested Turnaround Time				Special Instructions				PAID <input type="checkbox"/> Cash <input type="checkbox"/>  CK# _____ Check <input type="checkbox"/>  CC <input type="checkbox"/>  Amount: \$ _____ .00				
Standard <input type="checkbox"/>	Same Day <input type="checkbox"/>	Next Day <input type="checkbox"/>	Second Day <input type="checkbox"/>									
Relinquished by (Signature):	Date:	Received by (Signature):										Date:
	Time:											Time:
Relinquished by (Signature):	Date:	Received by (Signature):		Date:								
	Time:			Time:								
Delivered to Lab by (Print):		Received at Lab by (Print):										