

Intake Form – Untested Dried Flower

Product Information

Date Received: _____ Unique Identifier: _____ Weight: _____ grams

Description: _____ Reimbursement: \$ _____

Transferred by: _____ Received by: _____

Date Authorization to Transfer Form Received: _____

Testing Information

Date Sent for Testing: _____ Lab Name: _____

Date Tested: _____ Test Batch #: _____

Passed Testing? Yes No – Complete Return Information

Return Information

Returned Date: _____ Returned To: _____

Weight Returned: _____ grams

Comments:
