

Company Name	Company Contact	Company <input type="checkbox"/> DEA Registration Number <input type="checkbox"/> State Registration Number <input type="checkbox"/> Farm Bill Number
Company Address		
Contact Phone	Contact Fax	Registration/Farm Bill # Expiration Date
Contact Email	Sample Name	Sample Lot Number
Controlled Substance Name	Concentration or Amount	Matrix and/or Finished Form
Type/Size of Container	Number of Units Delivered	Volume/Weight of Finished Form Delivered

DATE/TIME	RECEIVED WEIGHT	RECEIVING EMPLOYEE (SIGNATURE/DATE)	Witness Name (Print)	Witness Initials
NOTES			LABORATORY SAMPLE NUMBER	
<input type="checkbox"/> Customer notified of discrepancy <input type="checkbox"/> N/A				

DATE/TIME	TRANSFER WEIGHT	TRANSFER DETAILS		Witness (Name/Initials)	FOR METHOD/ TEST/STORAGE
		FROM (Name/Initials)	TO (Name/Initials)		

Note: Any out-of-specification result for any controlled substance sample (for example: THC content of >0.3%) may be subject to reporting to the local Field Division Office of the Drug Enforcement Administration as well as local law enforcement.

Reviewed By		Date		Form	Q018B	Version	03
				Document	QSD 018	Updated By	dr

DATE/TIME	TRANSFER WEIGHT	TRANSFER DETAILS (Continued)		Witness (Name/Initials)	FOR METHOD/ TEST/STORAGE
		FROM (Name/Initials)	TO (Name/Initials)		

DATE/TIME	TRANSFER WEIGHT	DISPOSAL/DESTRUCTION DETAILS		Witness (Name/Initials)	METHOD
		FROM (Name/Initials)	TO (Name/Initials)		

DATE/TIME	RELEASE WEIGHT	RELEASING EMPLOYEE (SIGNATURE/DATE)	Witness Name (Print)	Witness Initials
NOTES		LABORATORY SAMPLE NUMBER	COURIER INFORMATION	
<input type="checkbox"/> N/A				

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