



Producer: _____
 License #: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Contact Person: _____
 Contact Phone #: _____
 Contact Email: _____
 Client/Company Name: _____

Include this form with samples and have packages clearly marked with return address.

SHIP TO
 Midwest Hemp Exchange
 923 238th Road
 Milford, NE 68405

Sample Name	Batch/Lot ID	Sample Type
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Cannabinoid Testing				Characterization			
\$45.5 Flower	\$52 Extracts	\$65 Other	Rush +\$32.5	NMR 1H	NMR 13C	NMR Analysis	Rush
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Keep an eye out for
 new available tests on
 our website
www.midwesthempexchange.org

Notes

Please select method of payment. If credit card is selected, we will call for payment. Services will not be completed until payment is received.

CREDIT CARD CHECK

I confirm that I am a license grower/processor of hemp/hemp derivatives, and I am supplying a copy of my state license for the laboratory to keep on file. I affirm that I am an employee/representative of the above listed Entity, and that all sample submitted to Cannabis Testing Laboratories are hemp or hemp derived manufactured in accordance with a state hemp program and the 2018 Farm Bill. By signing this document, I understand and accept Cannabis Testing Laboratories Terms and Conditions.

RECEIVED IN LABORATORY
 BY _____ Date ___/___/___

_____	_____	_____
Name	Signature	Date