

Field ID Number

**New Jersey Department of Health
Public Health and Environmental Laboratories
Environmental and Chemical Laboratory Services
PO Box 361, Trenton, NJ 08625-0361
Phone: 609-530-2820**

Lab Number (For Lab Use Only)

**MEDICINAL MARIJUANA TESTING LABORATORIES
SPECIMEN SUBMITTAL**

(See Instructions)

AGENCY INFORMATION

Client NJDOH/MMP	Send Results To Kevin Healey, NJDOH/MMP	Project Name	
Street Address H&A Building, Market and Warren Sts.	Street Address P.O. Box 360	Bill To NJDOH/MMP	
City, State, Zip Code Trenton, NJ 08625	City, State, Zip Code Trenton, NJ 08625	Street Address P.O. Box 360	
Phone (609) 633-2585	Email Address Kevin.Healey@doh.nj.gov	City, State, Zip Code Trenton, NJ 08625	
Fax (609) 292-9432	Phone (609) 633-2585	Email Address Kevin.Healey@doh.nj.gov	
Agency ID	Fax (609) 292-9432	Phone (609) 633-2585	Fax (609) 292-9432

SPECIMEN INFORMATION

Sampling Site / Grower	Collection Date (YY/DD/MM) ____ / ____ / ____	Sample Type <input type="checkbox"/> Pistillate Flowers <input type="checkbox"/> Leaves <input type="checkbox"/> Shake	Cultivar Name
Street Address	Collection Time (24h) _____		Check if Treatment Applied* <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify: _____
City, State, Zip Code	Sample Collector	Sample Weight (g)	_____

** Treatment is defined as the application of any substance in the course of producing this marijuana batch*

ANALYSIS REQUESTS

Regulatory Compliance Cannabinoid Profile Pesticide Residue Heavy Metals Mycotoxins Other _____

CHAIN OF CUSTODY

Relinquished By	Received By	Sample Weight (g) Upon Receipt	Date	Time	Reason for Transfer
Printed Name	Printed Name				Sample transfer to NJDOH/MMP representative
Signature	Signature				
Printed Name	Printed Name				
Signature	Signature				
Printed Name	Printed Name				
Signature	Signature				
Printed Name	Printed Name				
Signature	Signature				