

Customer: _____

Address: _____

Contact: _____

Phone: _____

Email: _____

Work Order: _____

Invoice: _____

****SECTION MUST BE FILLED OUT PER NATURAL MEDICINE HEALTH ACT****

By submitting Natural Medicine samples, I acknowledge that I am 21 years of age or older and the associated samples are intended for personal use. Altitude Consulting LLC is not licensed by the state of Colorado to conduct testing on Natural Medicine.

Signature: _____

Name: _____ Date: _____

The psychedelic potency panel covers analysis for the following compounds:

- Aeruginascin • 5-Methoxy-DMT • Norpsilocin
- Baeocystin • Mescaline (HCl) • Psilocin
- N,N-DMT • Norbaeocystin • Psilocybin

The Amanita potency panel covers analysis for the following compounds:

- Ibotenic Acid • Muscimol

Sample Name	Lab Number <small>(Lab Use Only)</small>	Matrix <small>(Sample Type)</small>						Analytics <small>(Test Type)</small>						Extracted Amount (mg) <small>(Lab Use Only)</small>		Chemist Deviations <small>(Lab Use Only)</small>				
		Biomass	Concentrate	Isolate	Tincture	Topical	Edible	Psychedelic Potency	Amanita Potency	Solvents	Pesticides	Metals	Yeast & Mold	DNA Sequencing	Potency		Solvents	10mL	20mL	_____ mL
(Delivered by) _____ (Received by) _____	(Date and Time) _____ (Date and Time) _____	Measurement uncertainty is not accounted for in reported values. Results are based solely on calculated numbers.		Amount Required for Analysis						Density: _____ W.O. Samples verified by: _____ Extracted by: _____ Date Extracted: _____		Volumes verified by: _____ rev. 050223								

- Biomass: 0.5g
- Concentrate: 1g
- Edible: 2 pieces of edible. (i.e. 2 gummies)
- Isolate: 0.5g
- Tincture: 1mL
- Topical: 1g