



Global Laboratory Services, Inc.

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GLS use only
Reviewed by: _____
Date: _____
Project: _____

Hemp Sample Submission Form

Page ____ of ____

Name: _____ Date Submitted: _____
Email: _____ Phone: _____

Company: _____
Address: _____ Invoice Address: _____
(if different) _____

Hemp Grower: _____
Hemp Grower License Number: _____
Hemp Grower Address: _____

Send Results to: _____ Send Invoice to: _____
Name: _____ Name: _____
Email: _____ Email: _____

Quote Reference: _____ Rush Samples?: (Place X on line) Yes: _____ No: _____

Sample Storage Requirements: (Place X on line) Room Temperature ____ Refrigerate ____ Freeze ____

Sample Type ¹	Sample ID	Quantity Supplied	GLS Number (GLS use only)

¹: e.g. hemp, hemp flower, etc

Special Instructions:

Samples are subject to the Terms and Conditions on the GLS website. To read the Terms and Conditions, click [HERE](#). By signing this form, you are agreeing to and accepting those Terms and Conditions.

Submitted by: _____
Signature