



Keystone Labs Inc
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SAMPLE SUBMISSION / CHAIN OF CUSTODY FORM CANNABIS AND CONTROLLED SUBSTANCES

Contact and Client Tracking Information			
Name:	Company:	Email:	Tel.:
Invoice address:			Client PO#:
Keystone Labs Job #:	Sampling Handling Assay (CF-2002D):	Invoice #:	

Test Required														
Sample Name and Lot Number Sample Type(s): <input type="checkbox"/> Dry Flower <input type="checkbox"/> Oil <input type="checkbox"/> Edible <input type="checkbox"/> Topical <input type="checkbox"/> Isolate <input type="checkbox"/> Other _____	Quantity (g / mL) <small>4</small>	MICROBIOLOGY METHODS ²							OTHER METHODS				Keystone use	
				Absence			BTGN		Potency		Appearance / Foreign Material	Loss on Drying		K/S
		Total Aerobic Count	Total Yeast and Mold	E. coli	Salmonella	S. aureus	P. aeruginosa	Bile Tolerant Gram -ve Bacteria Enumeration	Absence of Bile Tolerant Gram Negative Bacteria	Full 10 Cannabinoid Profile				

Additional Information:

Sample & Data Handling ⁵	Priority: <input type="checkbox"/> Standard <input type="checkbox"/> RUSH ¹ (100% Surcharge)	Raw Data: <input type="checkbox"/> Yes (25% surcharge will be applied)
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1. **Rush** is only processed as such if you have confirmed with the lab prior to receipt. For all test completion timelines, please contact the lab.
2. **Microbial Testing** requires pg2 of this submission to be completed. Sample specifications are required to ensure samples are processed appropriately, if no specifications are provided, they will be listed as "Report Result".
3. **USP/EP** Unless otherwise specified by the client, USP methods for microbiology refer to USP <2021> and USP <2022> (USP <62> for *P.aeruginosa*) and EP method refers to EP 2.6.31 (2.6.13 for *S.aureus* and *P.aeruginosa*).
4. **Sample Quantity** Indicate the weight or volume of each sample submitted. Approximations are acceptable if exact weights are not available.
5. **Disposal** Upon completion of testing, any remaining sample will be destroyed.

Analysis requested by: _____ Date: _____

Samples Received By: _____ Date: _____

Job Closed By: _____

Date: _____

MICROBIAL TESTING: COMPLETE THE FOLLOWING or SPECIFICATIONS AND METHODS ARE ATTACHED

NOTE: The USP and EP recommended specifications listed in the tables below are to be used as a guide only. It is critical to refer to the referenced chapter for detailed information and to ensure the specifications meet your internal quality requirements and are appropriate for your product and its intended use.

BOTANICALS / HERBAL DRUGS SPECIFICATIONS (AND METHODS)

Test	USP <2023> ¹	EP 5.1.8 ²
<input type="checkbox"/> Total Aerobic Microbial Count	<input type="checkbox"/> ≤ 100 000 CFU/g (USP <2021>)	<input type="checkbox"/> ≤500 000 CFU/g (EP 2.6.12)
<input type="checkbox"/> Total Yeast and Mold Count	<input type="checkbox"/> ≤ 1000 CFU/g (USP <2021>)	<input type="checkbox"/> ≤50 000 CFU/g (EP 2.6.12)
<input type="checkbox"/> Bile-tolerant Gram -ve Bacteria Count	<input type="checkbox"/> ≤ 1000 MPN/g (USP <2021>)	<input type="checkbox"/> ≤10 000 CFU/g (EP 2.6.31)
<input type="checkbox"/> Absence of <i>Salmonella</i> spp.	<input type="checkbox"/> Absent in 10g (USP <2022>)	<input type="checkbox"/> Absent in 25g (EP 2.6.31)
<input type="checkbox"/> Absence of <i>E.coli</i>	<input type="checkbox"/> Absent in 10g (USP <2022>)	<input type="checkbox"/> Absent in 1g (EP 2.6.31)
<input type="checkbox"/> Absence of <i>S.aureus</i> ³	<input type="checkbox"/> Absent in 10g (USP <2022>)	Not Applicable

¹USP <2023> Specifications for Dried or Powdered Botanicals²EP 5.1.8 Specifications Table C: Herbal medicinal products³Additional Testing (not required in USP <2023>)**CUTANEOUS (TOPICALS) / INHALATION / VAGINAL USE SPECIFICATIONS (AND METHODS)**

Test	USP <1111> ⁴	EP 5.1.4 ⁴
<input type="checkbox"/> Total Aerobic Microbial Count	<input type="checkbox"/> ≤200 CFU/g (USP <61>)	<input type="checkbox"/> ≤200 CFU/g (EP 2.6.12)
<input type="checkbox"/> Total Yeast and Mold Count	<input type="checkbox"/> ≤20 CFU/g (USP <61>)	<input type="checkbox"/> ≤20 CFU/g (EP 2.6.12)
<input type="checkbox"/> Absence of <i>S. aureus</i>	<input type="checkbox"/> Absent in 1g (USP <62>)	<input type="checkbox"/> Absent in 1g (EP 2.6.13)
<input type="checkbox"/> Absence of <i>P. aeruginosa</i>	<input type="checkbox"/> Absent in 1g (USP <62>)	<input type="checkbox"/> Absent in 1g (EP 2.6.13)
<input type="checkbox"/> Absence of <i>C.albicans</i> (Vaginal ONLY)	<input type="checkbox"/> Absent in 1g (USP <62>)	<input type="checkbox"/> Absent in 1g (EP 2.6.13)
<input type="checkbox"/> Absence of Bile Tolerant Gram -ve Bacteria ⁵	<input type="checkbox"/> Absent in 1g (USP <62>)	<input type="checkbox"/> Absent in 1g (EP 2.6.13)

⁴USP <1111> and EP 5.1.4 Specifications for Non-sterile Pharmaceutical Products for cutaneous/inhalation use⁵Required for Inhalation ONLY**SPECIFICATIONS FOR NON-STERILE PHARMACEUTICAL PRODUCTS FOR RECTAL USE (AND METHODS)**

Test	USP <1111>	EP 5.1.4
<input type="checkbox"/> Total Aerobic Microbial Count	<input type="checkbox"/> ≤2000 CFU/g (USP <61>)	<input type="checkbox"/> ≤2000 CFU/g (EP 2.6.12)
<input type="checkbox"/> Total Yeast and Mold Count	<input type="checkbox"/> ≤200 CFU/g (USP <61>)	<input type="checkbox"/> ≤200 CFU/g (EP 2.6.12)

Contact and Client Tracking Information

The contact information given should be for the point of contact / person to whom the results will be given. The Keystone Labs job # is assigned by Keystone Labs upon receipt and is used to track the progress of the order. Indicate the PO number and the invoice address.

Priority

Samples are processed on a first come first serve basis. Standard samples are SET-UP for testing within 5 business days of receipt and rush samples are SET-UP within 2 business days of receipt at a 100% surcharge.

Payment

Samples are processed pending payment if payment is due upon receipt.

Sample Name and Specification

Please indicate the name of the sample as it should appear on the Testing Summary as well as the sample specification. If more room is required, record in the additional information section. An SDS must accompany all hazardous samples submitted to Keystone Labs.

Test Required

Please indicate which test(s) are required for each sample. If replicate testing is required, please record the appropriate number in the test space instead of marking with a check or an X.

Keystone Use

This information is recorded by Keystone Labs and will be used to trace your samples and the data relating to them.

Additional Information

Any other pertinent information regarding the sample should be included here. Ex: sample temperature storage requirement, sample hazards, special handling requirements, sample size, sample composition, number of containers of the sample etc. Any additional information such as sample specification, special testing or handling instructions can be recorded in this space. If additional space is required, a separate page may be attached. Please indicate on the sample submission form if additional pages are attached.

Signature



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CANNABIS AND CONTROLLED SUBSTANCES

The analysis requested by signature indicates you have supplied all information that Keystone Labs may require to process the sample(s) submitted and that you understand and agree to the additional costs as applicable for the requested tests, priority and raw data.