

## **Sample Name**

Manifest:		
Sample Name:		
Material Type:		
Client Name:		
Client Address:		

Test Performed:	
Test ID:	
Test Method:	
Receive Date:	
Test Date:	

## **Cannabinoid Profile**

Total Δ8-THC

Total Δ9-THC

**Total Cannabinoids** 

Cannabinoid	Percent %	mg/gram
CBC (Cannabichromene)		
CBCA (Cannabichromenic Acid)		
CBD (Cannabidiol)		
CBDA (Cannabidiolic Acid)		
CBDV (Cannabidivarin)		
CBDVA (Cannabidivarinic Acid)		
CBG (Cannabigerol)		
CBGA (Cannabigerolic Acid)		
CBL (Cannabicyclol)		
CBLA (Cannabicyclolic Acid)		
CBN (Cannabinol)		
Δ9-THC (Delta 9-Tetrahydrocannabinol)		
Δ8-THC (Delta 8-Tetrahydrocannabinol)		
THCA (Tetrahydrocannabinolic Acid)		
THCV (Tetrahydrocannabivarin)		
THCVA (Tetrahydrocannabivarinic Acid)		

## Alicia Sin

Alicia Sin / Chemist

Date

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