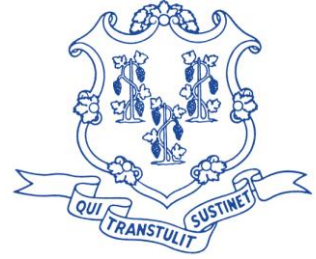




State of Connecticut
 Department of Agriculture
 Bureau of Regulatory Services
 450 Columbus Blvd, Suite 702 Hartford, CT 06103
 Phone : 860-713-2502 Email : AGR.Hemp@ct.gov



Hemp Chain of Custody Form

(rev. 2/3/2021)

License Holder:	Producer License#:
Sample Collector Name:	
Email:	Phone#:

Complete this Chain of Custody form for each sample. Multiple samples can be listed on one form. Fill in the boxes with the appropriate information. Each time the official sample is transferred to another person the signature of the current sample custodian must be documented in the appropriate box along with the date and time. For more information about hemp sampling, visit <https://portal.ct.gov/DOAG/Regulatory/Regulatory/Hemp-Home-Page>

Note: This form must be completed and accompany the sample at all times.

Sample Number	Date of sample collection	Time of sample collection	Location (address) where sample originated	Lot ID where sample originated	Sample Description

	Relinquished by:	Date & Time	Received by:	Relinquished by:	Date & Time	Received by:
Printed Name						
Signature						

Note: Laboratories must report test results to the Department of Agriculture agr.hemp@ct.gov