



Sample ID:

Sample Arrival Date:

Sample Form:

Sample Analysis Date:

Type of Analysis:

IDENTIFIED COMPOUND(S)

1.	
2.	
3.	

SAMPLE PHOTO (Click below to upload photo)

MOLECULAR STRUCTURE (Click below to upload photo)

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Sample Destruction Date:

COMPOUND IDENTIFIED BY

Nuclear Magnetic Resonance Spectroscopy

Gas Chromatography

Mass Spectrometry

Infrared Spectroscopy

Liquid Chromatography

Melting Point

OTHER REMARKS

Signed By:

Please note:

IF THE TEST RESULTS SHOWS THAT YOU HAVE BEEN SUBJECTED TO FALSIFIED OR SUBSTANDARD MEDICINE, CONTACT YOUR LOCAL AUTHORITIES TO INITIATE AN INVESTIGATION AND PREVENT OTHERS FROM HARM.

To access the original report,
please visit our [website](#).

