



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIP ATTAMENTON SALUT PUBBLEKO YAN SETBISION SUSIAT



CHAIN OF CUSTODY

LOT NUMBER OF MEDICAL CANNABIS CROP	BATCH NUMBER OF PREPARED MEDICAL CANNABIS OR MEDICAL CANNABIS PRODUCT	DATE MEDICAL CANNABIS HARVESTED

A. COMMERICAL CULTIVATION FACILITY TO MEDICAL CANNABIS TESTING LABORATORY

Commercial Cultivation Facility (where crop originated from)		Medical Cannabis Testing Laboratory	
Business Name:		Business Name:	
Address:		Address:	
License Number:		License Number/Registry ID Number:	
Weight of medical cannabis, prepared medical cannabis and medical cannabis product sold or transferred		Net Weight	Gross Weight
Sample Relinquished By		Sample Received and Verified By	
Name:	Date:	Name:	Date:
Signature:	Time:	Signature:	Time:

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B. MEDICAL CANNABIS LABORATORY TEST RESULTS AND REPORT (ATTACH COPY)

Comments

Print Name of Lab Official

Signature of Lab Official

Date

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C. LICENSED MEDICAL CANNABIS BUSINESS TO LICENSED MEDICAL CANNABIS BUSINESS

Licensed Medical Cannabis Business #A		Licensed Medical Cannabis Business #B	
Business Name:		Business Name:	
Address:		Address:	
License Number:		License Number:	
Weight of medical cannabis sold or transferred		Net Weight	Gross Weight
Sample Relinquished By		Sample Received and Verified By	
Name:	Date:	Name:	Date:
Signature:	Time:	Signature:	Time:
		I attest that all the information in "Section C" of the Chain of Custody form is true and correct.	
		Signature:	Date:

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D. MEDICAL CANNABIS TESTING LABORATORY TO LICENSED MEDICAL CANNABIS BUSINESS

Medical Cannabis Testing Laboratory		Licensed Medical Cannabis Business	
Business Name:		Business Name:	
Address:		Address:	
License Number:		License Number:	
Weight of amount of unused, untested medical cannabis, prepared medical cannabis or medical cannabis product returned to the licensed medical cannabis business.		Net Weight	Gross Weight
Sample Relinquished By		Sample Received and Verified By	
Name:	Date:	Name:	Date:
Signature:	Time:	Signature:	Time:
		I attest that all the information in "Section D" of the Chain of Custody form is true and correct.	
		Signature:	Date:

FORM 33220-COC

Revised 1/2017