



**General Instructions for Kratom Sample Submission**

1. The UDAF Laboratory is able to perform testing on Kratom products registered in Utah. For details on Utah Kratom testing requirements, see [R66-52](#) and Utah Code Chapter 4-45.

2. Fees per sample:

Alkaloids	\$120.00	Pesticides	\$176.00	Mycotoxins	\$143.00
Foreign Matter	\$17.00	Heavy Metals	\$121.00	Consult laboratory for rush service	
Microbial Life	\$132.00	Residual Solvents	\$121.00	availability (additional \$60 per test)	

3. Complete the Kratom Sample Submission Form and ensure all information is accurate and legible. Incomplete and/or illegible submissions shall be rejected.

4. Products sent for product registration testing must be in their **final form**. Ensure the batch number and product description are on the sample packaging and legible.

a. Submit a **minimum of 60 g** per sample.

5. There are two options for sample delivery:

a. Ship via carrier (FedEx or UPS preferred)

i. Damaged products will not be accepted for testing.

ii. Include a copy of the sample submission form in the package and ship to:

Department of Agriculture and Food  
Unified Laboratory Services Module II  
4451 South 2700 West, Third Floor  
Salt Lake City, UT 84129

iii. Notify the UDAF laboratory in advance with the package tracking number via email to [udaflabs@utah.gov](mailto:udaflabs@utah.gov). Please include “Kratom sample submission” in the subject line of the email.

b. Drop off at the UDAF Laboratory during drop-off hours

i. Notify the laboratory of your intent to drop off samples via email to [udaflabs@utah.gov](mailto:udaflabs@utah.gov). Please include “Kratom sample drop-off” in the subject line of the email.

ii. The laboratory is located at:

[Department of Agriculture and Food, Third Floor](#)  
[Unified Laboratory Services Module II](#)  
4451 South 2700 West  
Salt Lake City, UT 84129

Enter through the **East side** of the building (closest to the freeway).

iii. Drop-off hours are Monday through Friday, **8:00 AM to 3:00 PM**, excluding holidays. Samples must be received by laboratory staff and may not be left in the lobby.

6. Turnaround time is 7-10 business days after the sample is received, but can be variable based on the tests requested and the current laboratory sample load.

7. Results will be sent via email to the listed reporting contact on the form. Make sure the email address is valid.

8. Please do not send payment with your sample submission. An invoice will be sent to the listed billing contact on a monthly basis.

9. Contact the laboratory at (801) 816-3840 with any questions regarding sample submission.



# KRATOM SAMPLE SUBMISSION FORM

Unified State Lab - Utah Department of Agriculture and Food  
4451 South 2700 West, 3rd Floor, Taylorsville, UT 84129-8600  
(801) 816-3840 | udaflabs@utah.gov

Request RUSH testing - additional \$60 fee per test per sample will apply. Please consult laboratory for availability.

CUSTOMER INFORMATION		BILLING INFORMATION <input type="checkbox"/> Same as Customer Information		SHIPPING/DELIVERY INFORMATION	
Company Name		Company Name		<input type="checkbox"/> Hand Delivered <u>OR</u> <input type="checkbox"/> Shipped via Carrier: <input type="checkbox"/> FedEx Tracking #: _____ <input type="checkbox"/> UPS Tracking #: _____ <input type="checkbox"/> Other Tracking #: _____	
Reporting Contact Information		Billing Contact Information		<b>LAB USE ONLY</b>	
Attn: _____		Attn: _____			
Address: _____		Address: _____			
E-mail: _____		E-mail: _____			
Phone: _____		Phone: _____		Received Time/Date: _____	
				Received By: _____	

SAMPLE INFORMATION				TESTS REQUESTED								LAB USE ONLY	
Select ONE purpose:		Batch #	Sample Description	Does the product contain plant matter? (select)	Alkaloids \$120/ea	Foreign Matter \$17/ea	Microbial Life \$132/ea	Pesticides \$176/ea	Heavy Metals \$121/ea	Residual Solvents \$121/ea	Mycotoxins optional, \$143/ea	Gross Weight (g)	Lab Sample #
Product Registration	Other												
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

By signing, I confirm the accuracy and the completeness of the information provided, and acknowledge that the associated costs for all testing requested will be invoiced to the listed billing contact.	Submitted by:	Signature:	Date:

LAB USE ONLY		
Received by:	Received Time/Date:	Signature:
Reviewed by:	Reviewed Time/Date:	Signature: