

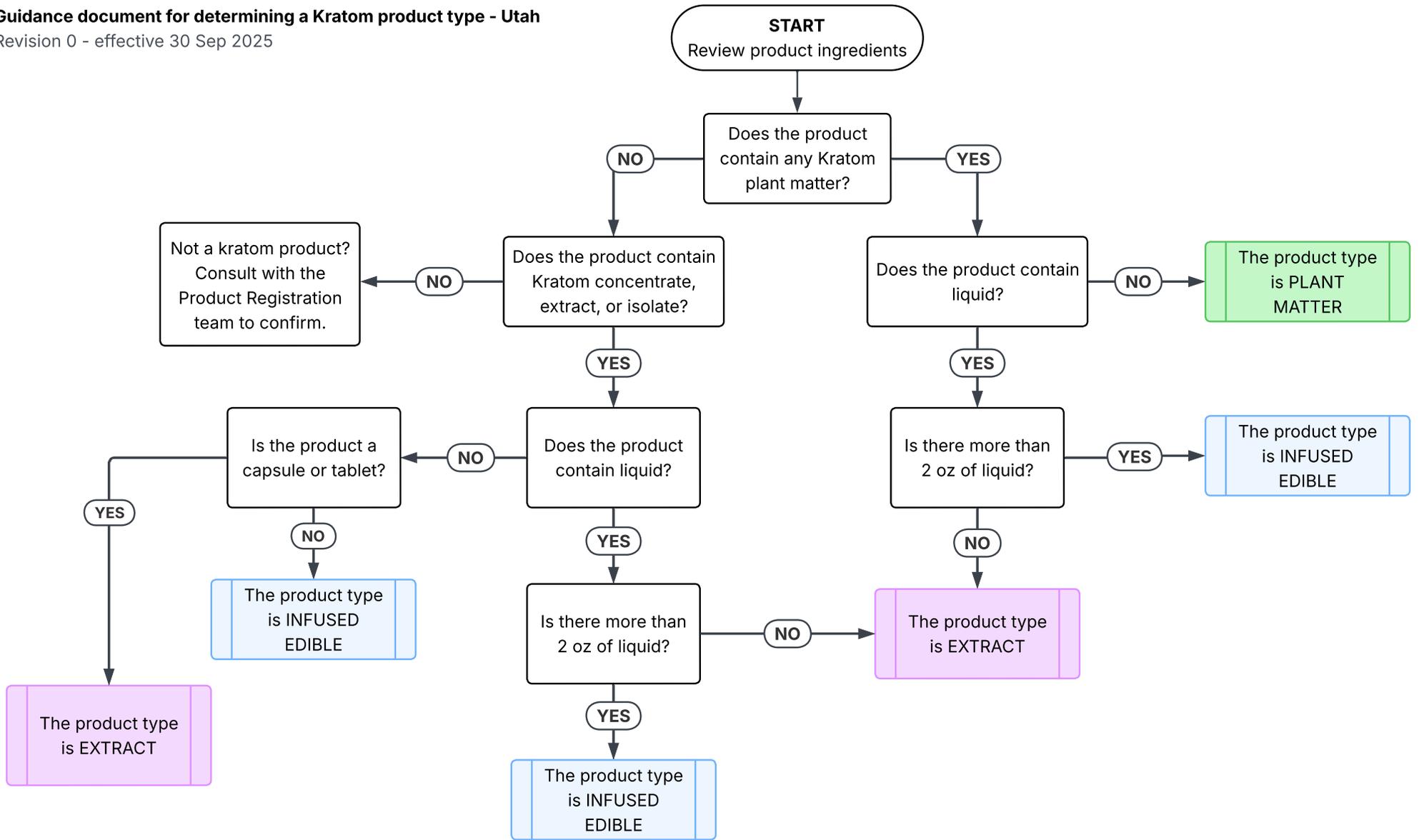
General Instructions for Kratom Sample Submission

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		
Microbial Life	\$132.00	Residual Solvents	\$121.00	Consult laboratory for rush service 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.
 - a. Reference the guidance document on the next page for assistance in determining the product category of your samples.
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. Minimum amounts to send vary by product category:
 - i. Plant matter (raw leaf, leaf powder, tea bag, etc): **60 g per sample**
 - ii. Tablet/Capsule samples: **60 g per sample**
 - iii. Extract or infused edible (liquid, concentrate, beverage, gummy): **15 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. 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. 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.

Guidance document for determining a Kratom product type - Utah

Revision 0 - effective 30 Sep 2025



KRATOM PLANT MATTER	KRATOM EXTRACT	KRATOM INFUSED EDIBLE
Required tests: <ul style="list-style-type: none"> • Alkaloids • Foreign Matter • Microbials • Pesticides • Heavy Metals 	Required tests: <ul style="list-style-type: none"> • Alkaloids • Foreign Matter • Microbials • Heavy Metals • Residual Solvents 	Required tests: <ul style="list-style-type: none"> • Alkaloids • Foreign Matter • Microbials • Heavy Metals • Residual Solvents

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.

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

SAMPLE INFORMATION				Tests Requested								LAB USE ONLY	
Select ONE purpose:		Batch #	Sample Description	Product Category (Plant Matter, Extract, or Infused Edible)	Alkaloids	Foreign Matter	Microbial Life	Pesticides	Heavy Metals	Residual Solvents	Mycotoxins	Gross Weight (g)	Lab Sample #
Product Registration	Other				\$120/ea	\$17/ea	\$132/ea	\$176/ea	\$121/ea	\$121/ea	optional, \$143/ea		
<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"/>	<input type="checkbox"/>				<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 of the provided sample information, acknowledge the testing costs, and authorize the release of the sample(s) to the UDAF Laboratory for testing.				Submitted by: _____				Signature: _____				Date: _____	

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