



# Sample Submission Form

## CBD & THC Analysis

Company		Contact Name	
Address		email	
City	Prov	Postal Code	Phone
Payment Option			
<input type="checkbox"/> e-transfer to <a href="mailto:payment@loveps.ca">payment@loveps.ca</a> <input type="checkbox"/> send me an invoice to pay by credit card			

ID	Lot or Reference No.	Strain	Harvest Date	Sample Weight
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

### Instructions

1. Samples must be at least 3.5 g (1/8 oz) of intact flowers.
2. Mark all sample packages clearly with ID numbers.
3. Send samples to us at:

Box 25154  
RPO River Heights  
Saskatoon, SK  
S7K 8B7

Total Samples

Price Per Sample

Subtotal

GST (5%)

Grand Total