

## Sample Submission Form CBD & THC Analysis

Company				Con	ontact Name			
Address				email				
City			Prov	Postal Code		Phone		
Payment Option								
□ e-transfer to <u>payment@loveps.ca</u>				□s	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.					Total	Samples		
2. Mark all sample packages clearly with ID numbers.				Price Pe	r Sample	\$ 72.00		
3. Send samples to us at:  Box 25154  RPO River Heights  Saskatoon, SK  S7K 8B7						Subtotal		
						GST (5%)		
					Gro	and Total		