



P U R A

# Controlled Substance Sample Submission Form

Canada Post mailing address: PO Box 333, Cobble Hill BC, VoR 1Lo

Dealers License # 6-1349

Client:	<b>Courier Shipping/ In Person</b> <b>Drop off Address:</b>  <b>1140 Fisher Road</b> <b>Cobble Hill, BC VoR 1L4</b>	FROM:
Email:		
Phone Number:		
Health Canada Licence #:		

*If for personal use with no license, state "personal use"*

Sample ID:	Sample Matrix (flower, oil type, extract type etc)	Amount (g)	Test Requested								Special Instructions/ Information
			Potency	Pesticide Screen	Mycotoxin Screen	Heavy Metals	Residual Solvents	Microbiological Screen	Moisture Content	Other specify	

Submitted By:		Please Print:		Date:	
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Received By:		Please Print:		Date:	
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