



Dealers License # 6-1507

Controlled Substance Sample Submission Form

Client Name:	Courier Shipping/ In Person Drop off Address: Unit 1, 2984 Boys Road Dunca, BC V9L 6W4	Address of Licensed Dealer:
Email:		
Phone Number:		
Health Canada Licence #:		

Sample ID:	Sample Matrix (Ground mushroom, capsule, extract, tincture, pure substance etc.)	**Total Sample Weight (g)	*API weight (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:	
Received By:		Please Print:		Date:	

*Active Pharmaceutical Ingredient, ie. weight of ground mushroom, weight of mushroom extract or weight of pure substance.
 **Total sample weight is the weight of the API plus excipient or carrier matrix.