

CDC Triffid Flax Testing for Export Submission Form



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LAB #

Send Reports by:

- Mail
 Fax Email

Invoice to: Address: Postal Code: Phone: After hours phone contact: Fax: Email: Copy to:	Submitter name: Test Required <input type="checkbox"/> CDC Triffid (FP967) for export (4 X 60) ISO/IEC 17025 accredited (All shaded areas must be completed)	Turn around time (TAT) Required <input type="checkbox"/> "STAT" same day testing (advance notification required) <input type="checkbox"/> 3 day turn around time Date samples collected:
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Sample Information				Comments
Sample	Your Sample ID	Crop certification No., Lot No., etc	Sample type/ Variety	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Print Name: _____

Signature: _____

