

Controlled Substance Submission Form

Job Number: W _____

REQUESTING PERMISSION TO SUBMIT SAMPLES TO LABORATORY					Samples dropped off by (name):	
License # _____					(contacts):	
Name/Business name: _____						
Address _____						
City _____		Province _____		Postal Code _____		
Tell/Cell#: _____				Proposed Ship Date _____		
Email (Invoice): _____				Email (Results): _____		
Sample Identification/Lot	Date	Time	Amt/Vol Submitted	# of Containers	Test Requested	
1						
2						
3						
4						
5						
6						
7						
8						
Sales Invoice SUBTOTAL _____ GST _____ TOTAL _____ GST# 13123 8834 RT0001			Received by: _____ Received Date/Time: _____ Received Temp: _____		Permission Granted (signature): Date/Time: MB Labs Ltd Courier: 4-2062 W Henry Ave, Sidney, BC, V8L 5Y1 Mail: PO BOX 2103 Stn Main, V8L 3S6, Sidney, BC, V8L 3S6 info@mblabs.com 250-656-1334	
Stamp Here						