

## Controlled Substances Submission Form

### A : REQUESTING PERMISSION TO SUBMIT SAMPLES TO LABORATORY

Name	Date of Request	Time
Address		Proposed Ship Date
City	Province	Email
Postal Code	Telephone	License #

### B: Physical Description of Sample(s)

#	Sample Identification/Lot	Date	Amt/vol submitted	# pkgs/containers	Comp/Grab	Tests Requested
1						
2						
3						
4						
5						
6						
7						
8						

<b>C: Permission Granted</b>		Date	Time	By: (for MBL)	<b>MB Labs Ltd</b>	
Yes	No	Date	Time	Received for Lab:	Courier: 2062 W Henry Ave    Sidney, BC ,V8L 5Y1	
Dispatched By:				<b>info@mblabs.com</b>	<b>250-656-1334</b>	Mail: PO BOX 2103 V8L 3S6    Sidney, BC, V8L 3S6