Quantum Biosciences Inc.

Flaxseed event FP967 (CDC Triffid) Detection—Certified Seed Testing

1. Contact Information

For Pre-Conditioned Samples

Producer Name _____

Address _____

City _____ **Prov./State** _____

Postal/Zip Code _____ **Phone** _____

Fax _____ **Email** _____

2. Sample Information

Please submit a 1kg "pre-conditioned" flax seed sample in individually labeled, resealable plastic bags. Please refer to the Flax Council webpage (www.flaxcouncil.ca) for sampling procedures. Each sample bag should be labeled with your name, crop certificate number, lot number, and a sample name for your reference. If you need additional space, use the back of the form or include another form.

	Sample Name	Variety	Crop Certificate No.	Lot Number	Lab ID (lab use only)
1.					
2.					
3.					
4.					
5.					

3. Payment

Number of Samples _____

x Cost per Sample **$105.00**

Sub Total _____

GST @ 5% _____

Total Cost _____

Method of Payment

☐ Cheque (enclosed) ☐ VISA ☐ Mastercard

Card Number _____

Expiry Date _____

Signature _____

4. Consent

By submitting the attached samples and by filling in and signing this form, the "Producer" hereby acknowledges and consents to Quantum Biosciences Inc. sharing the results of this flaxseed event FP967 detection testing with the Flax Council of Canada and all other members of the agricultural industry in the commercial purchase and sale of flax, in support of their efforts to create a concerted effort to clear the Canadian market of flaxseed event FP967.

Signature _____ **Date** ___/___/___

dd / mm / yyyy

5. Submission

Please send samples to the following address:

Quantum Biosciences Inc.
Lab 8—410 Downey Rd
Saskatoon, SK S7N 4N1
Canada

Phone: (306) 956-2082