

Quantum Biosciences Inc.

Flaxseed event FP967 (CDC Triffid) Detection

1. Contact Information

Producer Name _____
Address _____
City _____ **Prov./State** _____
Postal/Zip Code _____ **Phone** _____
Fax _____ **Email** _____

2. Sample Information

Please submit a 1kg flaxseed sample (per 5,000 bu) in individually labeled, resealable plastic bags. Each sample bag should at least be labeled with your name and a sample name for your reference. Write the sample names from each sample bag in the space provided below. If you need additional space, use the back of the form or include another form.

Sample Name 1) _____ **Sample Name** 4) _____
Sample Name 2) _____ **Sample Name** 5) _____
Sample Name 3) _____ **Sample Name** 6) _____

3. Payment

Number of Samples _____	Method of Payment
x Cost per Sample \$105.00	<input type="checkbox"/> Cheque (enclosed) <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
Sub Total _____	Card Number _____
GST @ 5% _____	Expiry Date _____
Total Cost _____	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

FOR LAB USE ONLY

Date Sample Received ____/____/____ **Date Test Completed** ____/____/____
Lab ID _____