



## CDC Triffid Flax Testing for Export Submission Form

 <p><b>PDS</b> PRAIRIE DIAGNOSTIC SERVICES INC</p>	<p>Prairie Diagnostic Services Inc. 52 Campus Drive Saskatoon, SK, S7N 5B4 TEL: (306) 966-7316 FAX: (306) 966-2488 Website: <a href="http://pdsinc.ca">pdsinc.ca</a> Email: <a href="mailto:pds.info@usask.ca">pds.info@usask.ca</a></p>	<p>PDS Lab _____ Date/Time (received): _____</p>	<p><b>Send Reports by:</b></p> <p><input type="checkbox"/> Mail <input type="checkbox"/> Fax      <input type="checkbox"/> Email</p>
<p><b>Invoice to:</b></p>	<p><b>Submitter name:</b></p>	<p><b>Turnaround time (TAT) Required</b></p> <p><input type="checkbox"/> "STAT" same day testing (advance notification required)</p> <p><input type="checkbox"/> 3-day turnaround time</p>	
<p><b>Address:</b></p>	<p><b>Test Required</b></p> <p><input type="checkbox"/> CDC Triffid (FP967) for export (4 X 60)</p> <p>ISO/IEC 17025 accredited</p> <p>(All shaded areas must be completed)</p>		<p><b>Date samples collected:</b></p>
<p>Postal Code:</p>			
<p>Phone:                      After hours phone contact:                      Fax:</p>			
<p>Email:</p>			
<p>Copy to:</p>			

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				

<p>Print Name: _____</p>	<p>Signature: _____</p>
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Standards Council of Canada  
Accredited Laboratory  
Scope of Accreditation 506  
Conseil canadien des normes  
Laboratoire accrédité  
Portée d'accréditation 506

CDC Flax Sub-form

Version Date: June 4, 2024

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