20/20 SEED LABS INC.

REGAL PHYTOSANITARY SAMPLE SUBMISSION FORM

A. Submission Information

Date Sampled:	Date of Shipping to REGAL Laboratory:	
Laboratory:		
Activity: **Grain and Oilseeds Inspection**	Sub-Activity: **Grain for Processing or Consumption**	Function: **Export**

Reason For Analysis (please circle): ☐ **Weed Seeds** ☐ **Soil** ☐ **Insects**

B. Sampling Location Information

Sampling Company (Processing Facility):		
R.R. or Street:	Sampling Location (if different than above):	
City:	Province:	
Postal Code:	Telephone No.:	CGSP Approval #:

C. Sampler Information

Name of Sampler:	Sampler Signature:	Date:

D. Export Information (if results are being reported to exporter)

Destination Country:	Transit Country:	
Country of Origin:	Origin of Canadian Province:	
Exporter Name:		
R.R. or Street:	City:	
Province:	Postal Code:	Telephone No.:
Email Address:		Fax No.:

Please provide sample information in Section G. Sample Information on page 2.

Is this sample within the scope of REGAL testing (grain, not intended for propagation and not crushed or ground)? ☐ **Yes** ☐ **No**

E. Additional Comments

F. Sample Submission

Send sample(s) to: **20/20 Seed Labs Inc., 507 – 11 Avenue, Nisku, AB, T9E 7N5 Phone: (780) 955-3435**

OR **20/20 Seed Labs Inc., 3487 Pembina Hwy, Winnipeg, MB, R3V 1A4 Phone: (204) 261-3755**

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G. Sample Information

Commodity (Scientific and/or Common Names):	
Date of Export:	

Please provide railcar #, container #, lot # or vessel name and the quantity for export below:

Railcar #	Container #	Lot #	Vessel Name	Quantity for Export (MT)

Was the shipment treated or fumigated: ☐ **Yes** ☐ **No**

If yes, provide details of the treatment or fumigant

Please include a SDS for any treated product including a gas free certificate if the product was fumigated

This section must be completed by the REGAL Authorized Laboratory upon sample receipt

Sample Received By:	Date:
Submission ID:	Received Sample Weight:
Sample Number Assigned:	