

SAMPLE SUBMISSION FORM

Form No. _____

Ship To		Abide Inc. 1551 Caterpillar Rd., Unit 105 Mississauga, ON L4X 2Z6 647-478-7240			
Sender's Information		Full Name	Postal Code		
		Street Address, City, Province	Phone Number		
		Copy of Sender's Licence Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A		E-mail	
Sample Number	Lot/Batch Number (if any)	Type of Sample	Sample Amount *	Unit *	Intended Use
1	<input type="checkbox"/> _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Dried Cannabis <input type="checkbox"/> Fresh Cannabis <input type="checkbox"/> Cannabis Oil <input type="checkbox"/> Other (specify): _____		gram(s)/ml(s)	<input type="checkbox"/> Analytical Testing <input type="checkbox"/> Other (specify) _____
2	<input type="checkbox"/> _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Dried Cannabis <input type="checkbox"/> Fresh Cannabis <input type="checkbox"/> Cannabis Oil <input type="checkbox"/> Other (specify): _____		gram(s)/ml(s)	<input type="checkbox"/> Analytical Testing <input type="checkbox"/> Other (specify) _____
3	<input type="checkbox"/> _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Dried Cannabis <input type="checkbox"/> Fresh Cannabis <input type="checkbox"/> Cannabis Oil <input type="checkbox"/> Other (specify): _____		gram(s)/ml(s)	<input type="checkbox"/> Analytical Testing <input type="checkbox"/> Other (specify) _____
4	<input type="checkbox"/> _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Dried Cannabis <input type="checkbox"/> Fresh Cannabis <input type="checkbox"/> Cannabis Oil <input type="checkbox"/> Other (specify): _____		gram(s)/ml(s)	<input type="checkbox"/> Analytical Testing <input type="checkbox"/> Other (specify) _____
5	<input type="checkbox"/> _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Dried Cannabis <input type="checkbox"/> Fresh Cannabis <input type="checkbox"/> Cannabis Oil <input type="checkbox"/> Other (specify): _____		gram(s)/ml(s)	<input type="checkbox"/> Analytical Testing <input type="checkbox"/> Other (specify) _____
<p>By signing below, the signee acknowledges that:</p> <ol style="list-style-type: none"> 1. The signee is over 19 years old at the time of signing this document. 2. Information entered on this page is true and accurate to the best of the signee's knowledge. 3. For individual clients without a Licence Number, the total net weight of cannabis per shipment must not exceed 25 grams. 4. Cannabis samples shipped to Abide Inc. will not be returned to the client (signee). 					
Sender's Signature				Shipment Date (Year-Month-Date)	

* For cannabinoid profile testing, please submit 2 grams (about 2 mL if liquid) of material per sample in a clean, sealed, leak-proof and odour-proof container. Double bagging is highly recommended. For testing accuracy, please mix well before sampling.