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GMO Flax Sample Submission Form

(to accompany each order)

CLIENT INFORMATION

BILLING INFORMATION (please indicate if the same)

Company		PO #	
Contact		Contact	
Address		Address	
Phone #		Phone #	
Email Report to: (these will be the only addresses include in the sample communication)		Email Invoice	

Date Sample/s sent:		Sent by:		
About The Sample:	Sample 1	Sample 2	Sample 3	Sample 4
OMIC Lab # (assigned by OMIC at time of receipt)				
Sample Description/Variety				
Client Sample ID: 1.				
2.				
3.				
4.				
5.				
Composite Samples:	Yes / No	Yes / No	Yes / No	Yes / No
Tests: Independent four sub-samples (60g each)				
Commercial Seed Testing				
1. (\$175) 0.01% Detection				
Pedigreed Seed/Farm Saved Seed Testing				
2. (\$175) <0.01% Positive/Negative Detection				
3. Comments				
Special requests				
4. Rush Entire Analysis (upon approval)				
*Additional fees apply				

Office Use		
Only:		
Received by Signature: _____	Date/Time _____	Acceptable/Temperature _____
PAM: _____	Invoice # _____	
Price: _____	Total: _____	
Code: _____	Invoice Date: _____	
Report Date: _____		

Consent:

By signing this form, the "Producer" hereby acknowledges and consents to OMIC USA Inc. sharing all results of the above specified analysis, pertaining to pedigreed seed testing, with the Flax Council of Canada. This includes all other members of the agricultural industry involved in the commercial purchase and sale of Flax, in the effort to remove flaxseed event FP967 from the Canadian market.

Signature _____

Date (dd/mm/yyyy) _____

Please call if there are questions regarding these requirements or completing the form.

This company trades under its General Conditions of Business, copies of which are available upon request.

FM_12 8/21/18