*Request for Analysis*

Activation Laboratories Ltd.

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41 Bittern Street l Ancaster, ON l L9G 4V5 l Tel: (905) 648-9611 l Fax: (905) 648-9613 l Toll Free: 1-888-ACTLABS l E-mail: [samplereception@actlabs.com](mailto:samplereception@actlabs.com)

Carrier: Waybill #: # of Packages: # of Samples: **FOR OFFICE USE ONLY** Date Received: Time Received: Initial:

Batch ID: Invoice #:

**Priority:** Normal (may vary depending on package and time of year - please enquire)

RUSH (required by)

(Note: subject to surcharge, method dependent)

Confirmation of Sample Receipt: Yes No

By: E-mail:

or Fax:

**Client Info:** Client Batch #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shipment #:

Quote #, PO #, Proforma #: Project:

Company: Attn: Address:

Phone : Fax:

E-mail:

Additional Report to: Company:

Address:

Phone : Fax: E-mail:

**Method of Payment: For all clients, unless credit has been established, a suitable form of payment must be received before results will be released.**

Payment is included (make cheque or bank draft payable to Activation Laboratories Ltd.) Charge to NEW Credit Card (details are provided on this form in the box to the right). Charge to Credit Card on file with Actlabs.

Credit has been established with Activation Laboratories Ltd. (refer to Actlabs’ Credit

Application Form). Payment will be issued after invoice has been received.

**Reporting & Invoicing Instructions: Reports and invoices are** *emailed* **unless otherwise indicated.**

|  |  |  |  |
| --- | --- | --- | --- |
| Invoice: | Hard copy | 1st Address | 2nd Address |
| Report: | Hard copy | 1st Address | 2nd Address |

Visa MasterCard AMEX Number:

Expiry Date: CVV: Name: Signature:

Retain credit card information to charge this work order and all future work orders.

**Storage:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Return | | Dispose ($0.45/sample) | Store |
| Rejects | After Analysis | After 60 days | After 60 days | $0.30/sample/month |
| Pulps | After Analysis | After 90 days | After 90 days | $0.15/sample/month |
| Sieve | After Analysis | After 3 months | After 3 months | $0.20/sample/month |
| Irrads | After Analysis | After 30 days | After 30 days | $0.20/sample/month |

*Please Note:* License required for the return of radioactive material - cost per shipment is

$200.00 + shipping. Under CFIA regulations, soil, sediment and vegetation samples from outside Canada require incineration prior to disposal; additional charges will apply.

*Return Samples To:*

Company:

Address:

Attn : Phone:

*Method of Sample Return:*

At cost + 15% (client will be invoiced) Our Carrier Account:

Carrier Name: Account #:

Phone:



**Special Instructions/Comments:**

For samples requiring Geochronology and/or Isotopic Geochemistry, please be sure to include the following information:

• Rock type:

• Minerals to be separated, specify:

• Estimated age:

Authorized Signature:

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| --- | --- | --- | --- | --- |
| FOR FASTER TURNAROUND TIME, EMAIL A COPY OF YOUR SUBMITTAL FORM TO [**samplereception@actlabs.com**](mailto:samplereception@actlabs.com)  **Client Name:** | | | | |
| Sample Preparation Charges: 🞏 Contact me if sample preparation is required. 🞏 I authorize any required sample preparation charges. | | | | |
| #of samples | Sample Numbers (list all or range) | Sample Type  (see below) | Prep. Code  (if required) | Analysis Code *I* Elements |
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| Sample Type: R- Rock H- Humus B- Brine C-Ore Conc. LS - Lake Sediment CR- Crushed Rock S-Soil MW- Marine Water 0- Other (specify) SS- Stream Sediment DC - Drill Core V - Vegetation W-Water P -Pulp HMC- Heavy Minerals | | | | |

Please copy page for additional sample lists.

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