

## Request for Analysis



## Activation Laboratories Ltd.

41 Bittern Street • Ancaster, ON • L9G 4V5 •	Tel: (905) 648-9611 • Fax: (905	6) 648-9613 • Toll	Free: 1-888-ACTLABS • E-m	ail: samplereception@actlabs.com			
Carrier:	Waybill #:		# of Packages:	# of Samples:			
FOR OFFICE USE ONLY Date Received	:	Time Received	d: I	Initial:			
Batch ID:		Invoice #:					
Priority: Normal (may vary depending on package and time of year - please enquire)		Confirmation of Sample Receipt: Yes No					
RUSH (required by)		By: E-mail:					
(Note: subject to surcharge, method depe	or Fax:						
Client Info: Client Batch #:		Shipment	t #:				
Quote #, PO #, Proforma #:		Project:-					
Company:	Additional Report to:						
Attn:		Company:					
Address:		Address:					
Phone : Fax:	Phone : Fax:						
E-mail:				E-mail:			
Method of Payment: For all clients, unless	credit has been establishe	ed, a suitable fo	rm Visa N	//asterCard □AMEX			
of payment must be received before resulting Payment is included (make cheque or be		n Lahoratories Lt					
Charge to NEW Credit Card (details are			· :				
Charge to Credit Card on file with Actlab	S.	CVV:					
Credit has been established with Activat Application Form). Payment will be issu		Actiabs Credit					
Reporting & Invoicing Instructions: Report		Ttamo:					
indicated.	Address 2nd Address		Signature:				
Invoice: Hard copy 1st A  Report: Hard copy 1st A	Retain credit card information to charge this						
Report: Hard copy 1st Address 2nd Address work order and all future work orders.							
Storage:		Return	Dispose (\$0.45/sample)	Store			
<u>Please Note:</u> License required for the return radioactive material - cost per shipment is	of Rejects After Analys	sis After 60 o	days	☐ \$0.30/sample/month			
\$200.00 + shipping. Under CFIA regulations	Pulps	sis  After 90 o	days	☐ \$0.15/sample/month			
soil, sediment and vegetation samples from outside Canada require incineration prior to	Sieve	sis	nonths	☐ \$0.20/sample/month			
disposal; additional charges will apply.	Irrads	sis After 30 o	days	☐ \$0.20/sample/month			
		:					
Return Samples To: Company:		Method of Sample Return:  ☐ At cost + 15% (client will be invoiced)					
Address:	Our Carrier Account:						
		Carrier Name:					
		Account #:					
Attn: Phone: _	Phone:						
Special Instructions/Comments:							
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:							

FOR FAST	ER TURNAROUND TIME, EMAIL A ( me:	COPY OF YOUR	SUBMITTAL FO	ORM TO <b>sam</b> p	olereception@actlabs.c	om
Sample Pi	reparation Charges: Contact	me if sample prep	paration is requ	ired.	authorize any required sa	ample preparation charges.
# of samples	Sample Numbers (list all or ra	inge)	Sample Type (see below)	Prep. Code (if required)	Analysis Co	ode / Elements
6 :	Octor B. Da l	11 11			0.072.0	10 1-1-0 0 "
Sample	Codes: R – Rock CR – Crushed Rock DC – Drill Core	H – Humus S – Soil V – Vegetation	B – Brine MW – Ma W – Wate	rine Water	C – Ore Conc. O – Other (specify) P – Pulp	LS – Lake Sediment SS – Stream Sediment HMC – Heavy Minerals