



Request for Analysis

Lab Use Only

Work Order #:

Date Received:

Submitted to: _____

Email completed form to: _____

SUBMISSION DETAILS

Company Name: _____

Submitted By: _____

Phone: _____

Email: _____

Address: _____

Project Name: _____

PO #: _____

Quote/Proforma #: _____

of Packages: _____ # of Samples: _____

INVOICING DETAILS

METHOD OF PAYMENT

Payment is included (make cheque/bank draft payable to Activation Laboratories Ltd.)

Credit has been established with Actlabs (refer to Credit Application Form)

Charge to Credit Card on file with Actlabs

Charge to NEW Credit Card (details are provided below)

VISA Number: _____

MasterCard Name: _____

AMEX Expiry Date: _____ CVV: _____

Signature: _____

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

REPORTING AND INVOICING DETAILS

Name	Email	Confirmation Receipt	Report	Invoice
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE AND ANALYSIS DETAILS

SAMPLE TYPE/PREPARATION CODE

When selecting 'other' or more than one Sample Type / Preparation Code, please list in Special Instructions

GRADE TYPE

- Exploration Control
 Ore Umpire
 Concentrate Others

RUSH

- Request RUSH – Date Required By _____
 Subject to surcharge and availability
 Contact lab to confirm requirements

SAMPLE PREPARATION

- Contact me if sample preparation is required
 I authorize any required sample preparation charges

SPECIAL INSTRUCTION

Hazardous Materials Included

# of Samples	Sample Numbers (list or range)	Sample Type	Preparation Code	Analysis Code	Overlimit Analysis Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SAMPLE DISPOSITION

Sample Return	Pulps	Rejects	Sieve	Return Samples To:	Free Storage Period
IMMEDIATELY Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	90 days for Pulps
AFTER FREE STORAGE Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention: _____	60 days for Rejects
Dispose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrier: _____ <input type="checkbox"/> At Cost +15%	90 days for Sieve
Paid Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Account#: _____	Failure to indicate sample disposition will result in sample disposal

Authorized By:

Print Name: _____

Signature: _____

Date: _____