



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: _____

AMEX Name: _____

Mastercard 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SAMPLE AND ANALYSIS DETAILS

SAMPLE TYPE/PREPARATION CODE

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

RUSH

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

SPECIAL INSTRUCTION

Hazardous Materials Included

GRADE TYPE

Exploration Control
Ore Umpire
Concentrate Others

SAMPLE PREPARATION

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

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

For long sample and analysis lists, please email Actlabs the list as a separate Excel file along with the Request for Analysis form.

SAMPLE DISPOSITION

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

Authorized By:

Print Name: _____ Signature: _____ Date: _____