



# 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

### 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please limit sample shipping bags to a max. weight of 18kg / 40 lbs each. For long sample & analysis lists, please email Actlabs a separate Excel file along with this form.

## SAMPLE DISPOSITION

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

### Authorized By:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_