



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 45 days for Pulps, Rejects and 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: _____