



# 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: Company Name: _____	Free Storage Period
IMMEDIATELY Return	_____	_____	_____	Address: _____	45 days for Pulps, Rejects and Sieve
AFTER FREE STORAGE Return	_____	_____	_____	Attention: _____	Failure to indicate sample disposition will result in sample disposal
Dispose	_____	_____	_____	Carrier: _____ At Cost +15%	
Paid Storage	_____	_____	_____	Account#: _____	

### Authorized By:

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