



Request for Analysis

Lab Use Only

Work Order #:

Date Received:

Submitted to: Ancaster, Canada

Email completed form to: samlereception@actlabs.com

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

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

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: _____