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 ID: _____

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 (via the secure link shared)

Credit card payments are processed through a secure payment link sent by Actlabs. Please do not write card details on this form.

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

SAMPLE DISPOSITION

Sample Return	Pulps	Rejects	Sieve
IMMEDIATELY			
Return			
AFTER FREE STORAGE			
Return			
Dispose			
Paid Storage			

Free Storage Period: 90 days for Pulps | 60 days for Rejects | 90 days for Sieve

Failure to indicate sample disposition will result in sample disposal

SAMPLE RETURNING DETAILS

Company / Name: _____

Address: _____

City: _____ Province/State: _____

Postal/ZIP: _____ Country: _____

Attention: _____

Carrier: _____ At Cost +15% _____

Account #: _____

Authorized By:

Print Name: _____ Signature: _____ Date: _____