



# Request for Analysis

## Activation Laboratories Ltd.



41 Bittern Street • Ancaster, ON • L9G 4V5 • Tel: (905) 648-9611 • Fax: (905) 648-9613 • Toll Free: 1-888-ACTLABS • E-mail: [samplerception@actlabs.com](mailto:samplerception@actlabs.com)

Carrier:	Waybill #:	# of Packages:	# of Samples:
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<b>FOR OFFICE USE ONLY</b> Date Received: _____	Time Received: _____ Initial: _____
Batch ID: _____	Invoice #: _____
<b>Priority:</b> <input type="checkbox"/> Normal (may vary depending on package and time of year - please enquire) <input type="checkbox"/> RUSH (required by) _____ <small>(Note: subject to surcharge, method dependent)</small>	Confirmation of Sample Receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No By: E-mail: _____ or Fax: _____

**Client Info:** Client Batch #: \_\_\_\_\_ Shipment #: \_\_\_\_\_  
 Quote #, PO #, Proforma #: \_\_\_\_\_ Project: \_\_\_\_\_

Company: _____ Attn: _____ Address: _____ _____ Phone : _____ Fax: _____ E-mail: _____	Additional Report to: _____ Company: _____ Address: _____ _____ Phone : _____ Fax: _____ E-mail: _____
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**Method of Payment: For all clients, unless credit has been established, a suitable form of payment must be received before results will be released.**

Payment is included (make cheque or bank draft payable to Activation Laboratories Ltd.)  
 Charge to NEW Credit Card (details are provided on this form in the box to the right).  
 Charge to Credit Card on file with Actlabs.  
 Credit has been established with Activation Laboratories Ltd. (refer to Actlabs' Credit Application Form). Payment will be issued after invoice has been received.

Visa     MasterCard     AMEX  
 Number: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 CVV: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Reporting & Invoicing Instructions: Reports and invoices are *emailed* unless otherwise indicated.**

Invoice:  Hard copy     1st Address     2nd Address  
 Report:  Hard copy     1st Address     2nd Address

Retain credit card information to charge this work order and all future work orders.

Storage:	Return	Dispose (\$0.45/sample)	Store
<i>Please Note:</i> License required for the return of radioactive material - cost per shipment is \$200.00 + shipping. Under CFIA regulations, soil, sediment and vegetation samples from outside Canada require incineration prior to disposal; additional charges will apply.	Rejects <input type="checkbox"/> After Analysis	<input type="checkbox"/> After 60 days	<input type="checkbox"/> After 60 days
	Pulps <input type="checkbox"/> After Analysis	<input type="checkbox"/> After 90 days	<input type="checkbox"/> After 90 days
	Sieve <input type="checkbox"/> After Analysis	<input type="checkbox"/> After 3 months	<input type="checkbox"/> After 3 months
	Irrads <input type="checkbox"/> After Analysis	<input type="checkbox"/> After 30 days	<input type="checkbox"/> After 30 days
			<input type="checkbox"/> \$0.30/sample/month
			<input type="checkbox"/> \$0.15/sample/month
			<input type="checkbox"/> \$0.20/sample/month
			<input type="checkbox"/> \$0.20/sample/month

<b>Return Samples To:</b> Company: _____ Address: _____ _____ Attn : _____ Phone: _____	<b>Method of Sample Return:</b> <input type="checkbox"/> At cost + 15% (client will be invoiced) <input type="checkbox"/> Our Carrier Account: Carrier Name: _____ Account #: _____ Phone: _____
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**Special Instructions/Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For samples requiring Geochronology and/or Isotopic Geochemistry, please be sure to include the following information:

- Rock type: \_\_\_\_\_
- Minerals to be separated, specify: \_\_\_\_\_
- Estimated age: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**FOR FASTER TURNAROUND TIME, EMAIL A COPY OF YOUR SUBMITTAL FORM TO [samplerception@actlabs.com](mailto:samplerception@actlabs.com)**

**Client Name:** \_\_\_\_\_

Sample Preparation Charges:     Contact me if sample preparation is required.     I authorize any required sample preparation charges.

# of samples	Sample Numbers (list all or range)	Sample Type (see below)	Prep. Code (if required)	Analysis Code / Elements

Sample Type: R – Rock CR – Crushed Rock DC – Drill Core	H – Humus S – Soil V – Vegetation	B – Brine MW – Marine Water W – Water	C – Ore Conc. O – Other (specify) P – Pulp	LS – Lake Sediment SS – Stream Sediment HMC – Heavy Minerals
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