



Request for Analysis

Activation Laboratories Ltd.



1428 Sandhill Drive • Ancaster, ON • L9G 4V5 • Tel: (905) 648-9611 • Fax: (905) 648-9613 • Toll Free: 1-888-ACTLABS • E-mail: ancaster@actlabsint.com

Carrier:	Waybill #:	# of Packages:	# of Samples:
Date Received:		Time Received: Initial:	
Implement Environmental Sample Acceptance Form <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Invoice #:	
Priority: <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:
 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:

Payment is included (make cheque or bank draft payable to Activation Laboratories Ltd.)

Charge to credit card (please ensure that complete credit card information is provided or use credit card on file).

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
 Number: _____
 Expiry Date: _____
 Name: _____
 Signature: _____

Invoicing Instructions:

Mail invoice to: 1st Address 2nd Address

Fax invoice to: 1st Address 2nd Address E-mail invoice to: _____

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

Storage:

Please Note: License required for the return of radioactive material - cost per shipment is \$100.00 + shipping. Under CFIA regulations, soil, sediment and vegetation samples from outside Canada require incineration prior to disposal; additional charges will apply.

	Return	Dispose	Store
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

Return Samples To: Company: _____ Address: _____ Attn : _____ Phone: _____	Method of Sample Return: <input type="checkbox"/> At cost (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: _____

