

95 Stone Road West
Guelph, ON N1G 2Z4
Tel: (519) 823-1268
Fax: (519) 767-6240

LSD Laboratory /
Contact Name:

LABORATORY USE ONLY:		LS Form: SubG 95S-001.1
Rec'd by: _____	Date received: _____	
Delivered By:	Courier	In-Person
LSD Sample No: _____	to _____	
Payment Rec'd: \$ _____	Receipt #: _____	

Invoice and Report To:			Additional Report To:		
Business Name (if applicable):			Business Name (if applicable):		
Street:			Street:		
City:	Prov:	Postal Code:	City:	Prov:	Postal Code:
Tel:	Fax:		Tel:	Fax:	
Email:			Email:		

Required Report Format:	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
Quotation #:	Purchase Order / UofG G/L code: _____		

SAMPLE INFORMATION : (Please supply all necessary/relevant information) **To ensure your water is tested with the most appropriate test(s), please answer the following: Is the purpose of the water test request to assess the quality of water for human consumption?**

Yes No Signature: Date:

(for large batches, attach a separate list of ID's to this form) No. of additional sheets: _____				LABORATORY USE ONLY:
Sample ID	Sample Type (water, soil, etc.)	Analysis Requested	Sampling Date/Time	Sample Condition

Comments / Specific Instructions / Sample History / Sample Handling Hazards : _____