



## **General Sample Submission Form**

95 Stone Road West Guelph, ON, Canada N1G 2Z4

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LABORATORY USE ONLY:	LS form: SubG 95S-001.					
Delivered By: ☐ Courier ☐ In-Person  Date/Time stamp this submission form upon receipt.						
Payment Rec'd: \$	Receipt #:					

www.AFLuogueipn.ca					- <b>Y</b>			
Submitter Contact Name:			Owner/Billing Information (if different from submitter):					
Business Name:	ss Name: Client ID		ID	Business Name:		Clie	Client ID	
Street:			Street:					
City:	Prov/S	tate:	Postal/ZIP Code:	City:		Prov/State:	Postal / ZIP Code:	
Tel:				Tel:				
Reporting Email (s):			Reporting Email (s):					
Invoicing Email:								
Quotation # (if applica	ıble):		P.O.#	/ U of G G/L code	(if applicabl	e):		
_			ection must be comp to assess the quality  Date:		consumption	on?	Laboratory Use Only Temperature on Receipt	
Signature.	T		Date.					
Sample ID (MAX. 30 characters)	Sample 7 (soil,rice etc. be		Analysis Requested				Sampling Date/Time	
accordance with applicable law/legal o	bligation, including reniversity of Guelph (L	eportable dis JG) unless o	sease legislation without notice. Non-	nazardous samples may be retu	urned at owner's red	quest. Samples sub	ontact information will be disclosed only in omitted and any information or intellectual applicable legislation, including, without	

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

Sheet(s) attached for additional samples:  $\ \square$ 

Effective date: 2024/06/14