



LABORATORY SERVICES



SAMPLE SUBMISSION FORM IMMUNOCHEMISTRY SECTION

95 Stone Road West
Guelph, ON, Canada
Mail parcel: N1H 8J7
Courier: N1G 2Z4
Client services: 519-767-6299
aflinfo@uoguelph.ca

LABORATORY USE ONLY:	LS Form:
Rec'd by: _____	Date received: _____
Delivered by: <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> In-Person	
Payment rec'd: \$ _____	Receipt #: _____

Submitter information (your name):			Owner/Billing information: Same as submitter <input type="checkbox"/>		
Business name (if applicable):			Business name (if applicable):		
Address:			Address:		
City:	Province/state:	Postal/zip code:	City:	Province/state:	Postal/zip code:
Tel:	Fax:		Tel:	Fax:	
Report to email address(es):			Email:		
			Quotation # UofG G/L code: PO#:		

Unless otherwise indicated, report and invoice will be sent to submitter.

Required turn-around time:		Mycotoxin tests:	
Allergen tests:	<input type="checkbox"/> Regular (5 business days) <input type="checkbox"/> 48 hrs rush (+100% premium) <input type="checkbox"/> Same day rush (+200% premium - sample(s) required before 12 pm)	<input type="checkbox"/> Regular (10 business days) <input type="checkbox"/> 5 day rush (+100% premium) <input type="checkbox"/> 48 hrs rush (+200% premium)	

SAMPLE INFORMATION (completed by customer):			
Your sample ID	Sample type (bread, candy, etc. – be as specific as possible)	Analysis/test requested	Sampling date/time

Sheet(s) attached for additional samples:

Further comments / specific instructions / sample history / sample handling hazards: _____

