



SAMPLE SUBMISSION FORM IMMUNOCHEMISTRY SECTION

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

LABORATORY USE O	NLY: L	LS Form:			
Rec'd by: Date received:					
Delivered by: ☐ Mail	□ Courier	☐ In-Person			
Payment rec'd: \$ Rec		of #:			

Tel: 519-767-6299 (Client Services) aflinfo@uoguelph.ca www.AFLuoguelph.ca		Nec u by	Date received		
		Delivered by: ☐ Mail	□ Courier I	☐ In-Person	
		Payment rec'd: \$	Payment rec'd: \$Receipt #:		
Submitter information (your name):		Owner/Billing information: Same as submitter □			
Business name: Client		Client ID:	Business name:	Business name:	
Address:		Address:			
City:	Province/state:	Postal/ZIP code	: City:	Province/state:	Postal/ZIP code:
Tel:			Tel:		
Report to email address(es):		Email:	Email:		
			Quotation # UofG G/L code: PO#:		
Jnless otherwise indicated, re	nort and invoice wi	ll ha sant to suhm	itter		
Required turn-around time:	•	ii be sent to subii	itter.		
•					(40)
Allergen tests: ☐ 48 hrs	r (5 business days) rush (+100% premiu lay rush (+200% pre		equired before 11 am) Mycoto	XIII □ 5 day rus	(10 business days) sh (+100% premium) sh (+200% premium)
SAMPLE INFORMAT					
Your sample ID	Sample type (bread, candy, etc. – be as specific as possible)		Analysis/test request	ed	Sampling date/time
disclosed only in accordance with applicable	e law/legal obligation, including therefrom belong to Unive	ing reportable disease legiersity of Guelph (UG) unle	nust be supplied with all samples submitted fo lation without notice. Non-hazardous samples s otherwise arranged in writing prior to submiss ivacy Act.	may be returned at owner's re	equest. Samples submitted and

Page 1 of 1 Effective date: June 3, 2024