



LABORATORY SERVICES



# General Sample Submission Form

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## LABORATORY USE ONLY:

LS form: SubG 95S-001.1

Delivered By: ☐ Courier ☐ In-Person  
Date/Time stamp this submission form upon receipt.

Payment Rec'd: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Contact Name:			Additional Report To:		
Business Name:			Business Name:		
Street:			Street:		
City:	Prov/State:	Postal/ZIP Code:	City:	Prov/State:	Postal/ZIP Code:
Tel:			Tel:		
Reporting Email(s):			Reporting Email(s):		
Invoicing Email:					

Quotation # (if applicable):

P.O.# / U of G G/L code (if applicable):

### **If submitting WATER SAMPLES this section must be completed**

Is the purpose of the water test requested to assess the quality of water for human consumption?

☐ Yes ☐ No

**Signature:**

**Date:**

**Laboratory Use Only  
Temperature on Receipt**

Sample ID (MAX. 30 characters)	Sample Type (soil, rice etc. be specific)	Analysis Requested	Sampling Date/Time

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

Sheet(s) attached for additional samples: ☐