

General Sample Submission Form

95 Stone Road West
Guelph, ON, Canada
Mail parcels: N1H 8J7
Courier parcels: N1G 2Z4
Tel: 519-767-6299 (Client Services)
www.AFLuoguelph.ca

LABORATORY USE ONLY:	LS form: SubG 95S-001.1
Delivered By:	<input type="checkbox"/> Courier <input type="checkbox"/> In-Person
Date/Time stamp this submission form upon receipt.	
Payment Rec'd: \$ _____	Receipt #: _____

AFL Contact Name:

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: E-Mail Mail Fax

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

If submitting WATER SAMPLES (except commercial bottled water) you must complete this section:

Is the purpose of the water test requested 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. Number of additional sheets: _____

LABORATORY USE ONLY:

Sample ID (MAX. 30 characters)	Sample Type (water, soil, etc.)	Analysis Requested	Sampling Date/Time	Sample Condition

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

(If additional instructions, or information is required, please record on the reverse side or separate sheet) **Additional Sheet (s) Attached:**