

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: Courier 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: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax					
Quotation # (if applicable):			P.O.# / U of G G/L code (if applicable):		

If submitting WATER SAMPLES 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:**