



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: \$	Receipt #:				

Tel: 519-767-6299 (Client Services) aflinfo@uoguelph.ca www.AFLuoguelph.ca		Delivered by: ☐ Mail ☐ Courier ☐ In-Person Payment rec'd: \$Receipt #:				
Submitter information (your name):		Owner/Billing information: Same as submitter □				
Business name:		Client ID:	Business name: Clie		Client ID:	
Address:		<u> </u>	Address:		1	
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 Required turn-around time:		Il be sent to submit	ter.			
Allergen tests: Regula	r (5 business days) r ush (+100% premiu	m) emium - sample(s) re	quired before 11 am) Mycotox tests:	CIII ☐ 5 day rus	(10 business days) sh (+100% premium) sh (+200% premium)	
SAMPLE INFORMAT	ION (completed	by customer):				
Your sample ID	Sample type (bread, candy, etc. – be as specific as possible)		Analysis/test requested		Sampling date/time	
disclosed only in accordance with applicable	e law/legal obligation, includ ng therefrom belong to Unive	ing reportable disease legisla ersity of Guelph (UG) unless	ist be supplied with all samples submitted for tion without notice. Non-hazardous samples rotherwise arranged in writing prior to submissi acy Act.	may be returned at owner's re	equest. Samples submitted and	