



SAMPLE SUBMISSION FORM IMMUNOCHEMISTRY SECTION

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

LABORATOR	LS form: SubG 95S-001.			
Delivered by:	□ Mail	□ Courier	□ In-Person	
Payment Rec'o	Receipt #:			

Tel: 519-767-6299 (Clie aflinfo@uoguelph.ca www.AFLuoguelph.ca	nt Services)		Payment Rec'd: \$		Receipt #:			
Submitter Information	(your name):		Owner/Billing Information: Same as submitter					
Business Name: Client			ID	Business Name:	ss Name:		Client ID	
Address:			Address:					
City:	Prov/S	tate:	Postal/ZIP Code:	City:	Prov/St	ate:	Postal / ZIP Code:	
Tel:	'	1	Tel:					
Reporting to Email add	dress(es):		Email:					
				Quotation	#			
Invoicing Email:			UofG G/L cod	e:				
				PO	D#			
Unless otherwise inc	dicated, repo	ort and	invoice will be sent	t to submitter.				
Allergen tests: 4	egular (5 busin 8 hrs rush (+10		Mycotoxin tests: Regular (10 business days) 5 day rush (+100% premium) 48 hrs rush (+200% premium)					
SAMPLE INFORMAT	ION (comple	eted by	customer):					
Your Sample ID	Sample Type			Analysis/test requested			Sampling Date/Time	
				upplied with all samples submitted for testing to n-hazardous samples may be returned at owner				

property arising therefrom belong to University of Guelph (UG) unless otherwise arranged in writing prior to submission. Information collected may be shared in accordance with applicable legislation, including, without limitation, the Freedom of Information and Protection of Privacy Act.

Sheet(s) attached for additional samples: \Box

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