

General Sample Submission Form

95 Stone Road West
Guelph, ON, Canada
N1G 2Z4
Tel: 519-767-6299 (Client Services)
aflinfo@uoguelph.ca
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 #:** _____

Submitter Contact Name:			Owner/Billing Information (if different from submitter):		
Business Name:		Client ID:	Business Name:		Client ID:
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):			PO # / U of G G/L code (if applicable):		

When 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

Laboratory Use Only
Temperature on Receipt

Signature:

Date:

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

The Submitter confirms that they are the owner or a duly authorized agent. Contact information must be supplied with all samples submitted for testing to AFL. Samples and/or contact information will be disclosed only in accordance with applicable law/legal obligation, including reportable disease legislation without notice. Non-hazardous samples may be returned at owner's request. Samples submitted and any information or intellectual 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.

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

Sheet(s) attached for additional samples: ☐