

SAMPLE SUBMISSION FORM IMMUNOCHEMISTRY SECTION

95 Stone Road West Guelph, ON, Canada

LABORATORY USE ONLY: LS Form:							
Rec'd by:	Date received: _						
Delivered by: ☐ Mail	□ Courier	☐ In-Person					
Payment rec'd: \$	Receipt	#:					

N1G 2Z4 Fel: 519-767-6299 (Client Services)			Rec'd by: Date received: Delivered by:				
aflinfo@uoguelph.ca www.AFLuoguelph.ca						_	
Submitter information (your name):			Owner/Billing information	Owner/Billing information: Same as submitter □			
Business name: Cli		Client ID:	Business name:	Business name:			
Address:		Address:	Address:				
City:	Province/state:	Postal/ZIP cod	e: 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	eport and invoice wi	Il be sent to subr	nitter.				
Required turn-around time:							
Allergen tests: ☐ 48 hrs	ar (5 business days) rush (+100% premiu day rush (+200% pre		required before 11 am) Mycoto tests:	XIII 🗆 5 day rus	(10 business days) sh (+100% premium) sh (+200% premium)		
SAMPLE INFORMAT	ΓΙΟΝ (completed i	by customer):					
Your sample ID	Sample type (bread, candy, etc. – be as specific as possible)		Analysis/test request	Analysis/test requested			
disclosed only in accordance with applicab	le law/legal obligation, includi ing therefrom belong to Unive	ing reportable disease legersity of Guelph (UG) unle	must be supplied with all samples submitted for pislation without notice. Non-hazardous samples so therwise arranged in writing prior to submiss Privacy Act.	may be returned at owner's re	equest. Samples submitted and		
Sheet(s) attached for additional strategy of the strategy of t	•	history / sample	handling hazards:				

Page 1 of 1