



**Request for Laboratory Services and
SAMPLE SUBMITTAL FORM (MINERALS)**

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038 Fax (705) 652-2129

CLIENT INFORMATION

Send report to: Name: _____ Company: _____ Mailing Address: _____ _____ _____ E-mail: _____ Phone: () Fax: ()	Invoice sent to: Send to same as report <input type="checkbox"/> Name: _____ Company: _____ Mailing Address: _____ _____ _____ E-mail: _____ Phone: () Fax: ()
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Indicate Results format in addition to hard copy: Fax Email as PDF or XLS

Results will be sent by email or to one fax number for no additional charge

IMPORTANT! Please specify Assay Quality required: Party: <input type="checkbox"/> Umpire: <input type="checkbox"/> Catalyst: <input type="checkbox"/> °C Calcining temp. _____ SGS policy is to report party/umpire assays on a dried at 105°C basis unless requested otherwise Assay basis dry at 105°C <input type="checkbox"/> "as received" <input type="checkbox"/> Other (please specify): <input type="checkbox"/>	Control: <input type="checkbox"/> PO#: _____ Quote: ANA200__ - _____ Requested Turnaround: Standard: <input type="checkbox"/> (2 week) Rush: <input type="checkbox"/> (48-72hr) Other: <input type="checkbox"/>
Special Instructions: _____	
RUSH TA REQUESTS REQUIRE APPROVAL	

Sample Identifier	Analysis requested				Expected Conc. (if known)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Samples will be disposed of after 6 months unless requested otherwise. Additional storage and shipping costs will be charged to the client. If the samples should be returned, please provide courier account information.

After analysis: **Return to client:** **Courier:** _____ **Account #:** _____
 Dispose: **Store:**

Authorization of Client to Perform work: _____ Date: mm / dd / yyyy

LABORATORY INFORMATION (TO BE FILLED IN BY SGS STAFF)

Sample condition upon receipt: _____	Received Date: mm / dd / yyyy
	Logged in Date: mm / dd / yyyy
	LIMS #: _____