



Temiskaming Testing Laboratories
 1 Presley St, Box , Cobalt, ON P0J1C0
 Phone: 705.679.5500

REQUEST FOR ANALYSIS SAMPLE SUBMISSION FORM

Internal office use only:

Date Received: _____
 Received By: _____
 Project No: _____
 Job No: _____

Submitted by

Name: _____ Company: _____
 Phone: _____ Email: _____
 Courier/Waybill: _____ No of Packages: _____ No of Samples: _____

Client

Certificate Invoice

Company: _____
 Address: _____
 City: _____
 Province: _____ Postal Code: _____
 Phone: _____
 Email: _____

Copy To

Certificate Invoice

Company: _____
 Address: _____
 City: _____
 Province: _____ Postal Code: _____
 Phone: _____
 Email: _____

Type of Analysis

Turnaround: Rush Regular
 Hazardous Samples: Fibrous/Asbestos Radioactive (NORM) Other _____

Type of Sample (rock, core, other)	Sample Number		Count	Analytical Code and Comments <small>(Fire Assay AA finish Au and or Ag, Fire Assay Grav Au and or Ag, Aqua Regia or 4 Acid for Pb,Zn,Ni,Cu,Co,Cr,Fe)</small>
	From	To		

Special Instructions

Storage and Disposal

If this section is not completed the sample will be disposed of after 6-month, cost of disposal will be billed to the client.

Rejects <input type="checkbox"/> Return Immediately <input type="checkbox"/> Dispose after 6 months <input type="checkbox"/> Store after 6 months	Pulps <input type="checkbox"/> Return Immediately <input type="checkbox"/> Dispose after 6 months <input type="checkbox"/> Store after 6 months	Return Address: _____ _____ _____ _____
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Client Authorization

Date: _____ Print Name: _____ Signature: _____