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Received by:

REQUEST FOR LABORATORY SERVICES AND SAMPLE SUBMISSION FORM (MINERALS)

LABORATORY LOCATION								
Deliver to: Attention to:								
CLIENT INFORMATION								
Send Report to:			Send Invoice to: (A minimum fee will apply to all submissions)					
Name:			Send to same address as report					
Company:		Name:						
Mailing Address:		Company:	· · ·					
		Mailing Address:						
Project No:								
Client Order/PO No:								
Email:		Email:						
Phone: Fax:		Phone:	Fax:					
		PLE INFORMATION						
Results and Invoice will be sent by PDF email at no additional charge.								
Send Report: QLAB								
Pulps and Residues will be disposed of after 1 months unless requested otherwise in writing. Additional storage and shipping costs will be charged to the client.								
After analysis samples are to be: Disposed (default) Stored until (date):								
	, ,	,						
Returned to client Return sample	s using count	r:	Acct:					
IMPORTANT: Please specify Sample Type	Required Qu	ality						
RAB/RC Met Plant Umpire/Pa	arty 🗌 Pul	ps 🗌 Soils 🗌 Solu	utions					
Please specify Hazards:			SGS Quote#:					
Concentrates Radioactive	Cyanide 🗌	Ammonia 🗌 💮 Ac	sid SGS Quote#.					
Contain Asbestos High levels Mercury	☐ Othe	er Hazards:	<u> </u>					
Dry at 105°C ☐ As received ☐	Other (spec	ify) 🔲°C	Please specify Assay basis					
Stands		nium (contact SGS first; small batche	(Party/Umpire assays @ 105°)					
Turnaround Required:								
Special instructions/Sample Matrix:								
SAMPLE IDENTIFICATION / ASSAYS REQUIRED								
Sample Preparation Required: As Rec	eivea, no prep r	equired SGS Prep Codes:_	Other/Special 🗌					
Sample ID's	Qty	SGS Analytical Codes	Elements Required					
Tota	I							
Client Authorisation (signature):			Date:					
· · · — —								
LABORATORY INFORMATION (TO BE EILLED IN BY COO CTAFE)								
LABORATORY INFORMATION (TO BE FILLED IN BY SGS STAFF)								
Sample condition upon receipt:			Received date:					

Received date: Logged in date: