

SAMPLE SUBMISSION FORM

Agriculture & Food Laboratory
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LS Laboratory /
Contact Name:

LABORATORY USE ONLY:		LS Form: SubG01/04/03
Rec'd By: _____	Date Received: _____	
Delivered By: <input type="checkbox"/> Mail <input type="checkbox"/> Courier <input type="checkbox"/> In-Person		
LS Sample No: _____		to _____
Payment Rec'd: \$ _____	Receipt #: _____	

Submitted by: _____			Owner (if different from submitter): _____		
Business Name (if applicable): _____			Business Name (if applicable): _____		
Street: _____			Street: _____		
City: _____	Prov: _____	Postal Code: _____	City: _____	Prov: _____	Postal Code: _____
Tel: (____) - _____	Fax: (____) - _____		Tel: (____) - _____	Fax: (____) - _____	
Email: _____			Email: _____		

Unless otherwise indicated, report and invoice will be sent to submitter					
Report to: <input type="checkbox"/> Submitter <input type="checkbox"/> Owner			Required Report Format: <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		
Invoice to: <input type="checkbox"/> Submitter <input type="checkbox"/> Owner Quotation #: _____			Purchase Order / UofG G/L code: _____		

SAMPLE INFORMATION : (Please supply all necessary/relevant information)

(for large batches, attach a separate list of ID's to this form)				No. of additional sheets: _____	LABORATORY USE ONLY:	
Submitter's ID	Sample Type (water, soil, etc.)	Analysis Requested	Sampling Date/Time	Sample Condition	LS Sample No.	
If you are submitting water for any testing we must have the following question answered and your signature						
Is this water for human consumption? Yes <input type="checkbox"/> No <input type="checkbox"/> please sign:						

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

