

Request for Analytical Services

MinAnalytical Quote Number:	Carrier:	Waybill Number:	Job Number: <i>Office use only</i>
	Date Received:	Number of Items:	
CLIENT INFORMATION	Project:	Submission ID:	P.O Number:

PRIMARY CONTACT		INVOICE TO <input type="radio"/> Same as Primary Contact	
Company		Company	
Address		Address	
Attn		Attn	
Email		Email	
Tel		Tel	
Fax		Fax	
Name	Company	Email	Data Format
			<input type="radio"/> CSV <input type="radio"/> XLS <input type="radio"/> PDF <input type="radio"/> Other:
			<input type="radio"/> CSV <input type="radio"/> XLS <input type="radio"/> PDF <input type="radio"/> Other:
			<input type="radio"/> CSV <input type="radio"/> XLS <input type="radio"/> PDF <input type="radio"/> Other:

ANALYSES							
Sample Type	Quantity	Sequence Start	to	Sequence Finish	Prep Code	Analytical (Package Code or Elements)	Rush
			to				<input type="radio"/>
			to				<input type="radio"/>
			to				<input type="radio"/>
			to				<input type="radio"/>
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			to				<input type="radio"/>
			to				<input type="radio"/>
Hazardous Materials					Special Instructions		
<input type="radio"/> Radioactive <input type="radio"/> Fibrous/Asbestos <input type="radio"/> Other (please specify)							

STORAGE & DISPOSAL <small>Note: Rejects and pulps will be charged for storage after 2 months unless requested otherwise</small>			
Return Address	Pulps and Rejects returned at cost	Rejects	Pulps
Company		<input type="radio"/> Return to Sender	<input type="radio"/> Return to Sender
Address		<input type="radio"/> Dispose after ___ months	<input type="radio"/> Dispose after ___ months
		<input type="radio"/> Store after ___ months	<input type="radio"/> Store after ___ months
Attn	Tel	<input type="radio"/> Dispose Immediately	<input type="radio"/> Dispose Immediately

Charges will apply for disposal and /or storage of rejects and pulps.

AUTHORISATION <small>Signature Required</small>
I hereby request MinAnalytical Laboratory Services Pty Ltd. to conduct the above specified analysis.
Signed