

Requisition for Laboratory Services - North America



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LABORATORY USE ONLY	Acme Job Number:
Number of Parcels: _____	Carrier & Waybill: _____
_____	Date Received: _____

CLIENT INFORMATION	Project: _____	Shipment ID: _____	PO#: _____
Primary Client Contact:	(certificate will bear this name)	Invoice To:	<input type="checkbox"/> Same as Primary Contact
Company: _____	_____	Company: _____	_____
Address: _____	_____	Address: _____	_____
Attn: _____		Attn: _____	
Email: _____		Email: _____	
Phone: _____	Fax: _____	Phone: _____	Fax: _____

Additional Copies To:	Data Format (check box)
Name: _____	Company: _____
Email: _____	<input type="checkbox"/> CSV <input type="checkbox"/> XLS <input type="checkbox"/> PDF
Name: _____	Company: _____
Email: _____	<input type="checkbox"/> CSV <input type="checkbox"/> XLS <input type="checkbox"/> PDF
Name: _____	Company: _____
Email: _____	<input type="checkbox"/> CSV <input type="checkbox"/> XLS <input type="checkbox"/> PDF
Name: _____	Company: _____
Email: _____	<input type="checkbox"/> CSV <input type="checkbox"/> XLS <input type="checkbox"/> PDF

ANALYSES					
Sample Type	Quantity	Sample Sequence: From - To	Prep Code	Analytical Package or Elements Wanted	Rush x2 quote price
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>
		-			<input type="checkbox"/>

Special Instructions:

STORAGE & DISPOSAL: BELOW SECTION MUST BE FILLED IN BEFORE ANY PREP OR ANALYSIS WILL BEGIN

Rejects (Rock and Core)	Pulps (All samples)	Return Address: <input type="checkbox"/> Same as Primary Contact
<input type="checkbox"/> Return immediately after analysis	<input type="checkbox"/> Return immediately after analysis	Company: _____
<input type="checkbox"/> Return after 90 days at Cost	<input type="checkbox"/> Return after 90 days at Cost	Address: _____
<input type="checkbox"/> Paid Disposal after 90 days	<input type="checkbox"/> Paid Disposal after 90 days	
<input type="checkbox"/> Paid Storage after 90 days	<input type="checkbox"/> Paid Storage after 90 days	
<input type="checkbox"/> Pickup	<input type="checkbox"/> Pickup	
<input type="checkbox"/> RJSV (Soil, till, sediment, vegetation)		Attn: _____ Tel: _____

Failure to indicate instructions for rejects and pulps, or failure to pay storage charges upon notice, will result in disposal of all samples at the Client's cost. Soil, till, sediment and vegetation rejects will be immediately disposed of after sample preparation **unless prep code RJSV is indicated above**. All soils originating outside of British Columbia, Canada cannot be returned when shipped to Vancouver, Canada and DISP2 fees will apply. Exceptions apply, see Terms and Conditions in our current price brochure.

AUTHORIZATION	
This Requisition for Laboratory Services, when signed by the Client's representative and accepted by Acme, becomes a binding contract on the terms herein and the Terms and Conditions in our <u>current</u> price brochure found at www.acmelab.com .	
Client hereby requests Acme to perform the above services	Date: _____
	Signature of Client's Representative which binds the Client