



**REQUEST FOR LABORATORY SERVICES AND
SAMPLE SUBMISSION FORM (MINERALS)**

LABORATORY LOCATION

Deliver to:	Attention to:
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CLIENT INFORMATION

Send Report to:	Send Invoice to: <i>(A minimum fee will apply to all submissions)</i>		
Name:	Send to same address as report <input type="checkbox"/>		
Company:	Name:		
Mailing Address:	Company:		
	Mailing Address:		
Project No:			
Client Order/PO No:			
Email:	Email:		
Phone:	Fax:	Phone:	Fax:

SAMPLE INFORMATION

Results and Invoice will be sent by PDF email at no additional charge.

Send Report: QLAB <input type="checkbox"/>	Email <input type="checkbox"/>	Other: _____
<i>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. If the samples are to be returned please provide courier account information.</i>		
After analysis samples are to be:	Disposed (default) <input type="checkbox"/>	Stored <input type="checkbox"/> until (date): _____
Returned to client <input type="checkbox"/>	Return samples using courier: _____	Acct: _____

IMPORTANT: Please specify Sample Type/Required Quality

RAB/RC <input type="checkbox"/>	Met Plant <input type="checkbox"/>	Umpire/Party <input type="checkbox"/>	Pulps <input type="checkbox"/>	Soils <input type="checkbox"/>	Solutions <input type="checkbox"/>	½ Core/Rocks <input type="checkbox"/>	Other <input type="checkbox"/>	
Please specify Hazards:						SGS Quote#:		
Concentrates <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Cyanide <input type="checkbox"/>	Ammonia <input type="checkbox"/>	Acid <input type="checkbox"/>	_____			
Contain Asbestos <input type="checkbox"/>	High levels Mercury <input type="checkbox"/>	Other Hazards: _____					_____	
Dry at 105°C <input type="checkbox"/>	As received <input type="checkbox"/>	Other (specify) <input type="checkbox"/> _____°C	Please specify Assay basis (Party/Umpire assays @ 105°)					
Turnaround Required:	Standard <input type="checkbox"/>	Premium <i>(contact SGS first; small batches only)</i> <input type="checkbox"/>	Other <input type="checkbox"/>					

Special instructions/Sample Matrix: _____

SAMPLE IDENTIFICATION / ASSAYS REQUIRED

Sample Preparation Required:	As Received, no prep required <input type="checkbox"/>	SGS Prep Codes: _____	Other/Special <input type="checkbox"/> _____
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Sample ID's	Qty	SGS Analytical Codes	Elements Required
Total			

Client Authorisation (signature): _____	Date: _____
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LABORATORY INFORMATION (TO BE FILLED IN BY SGS STAFF)

Sample condition upon receipt:	Received date:
Received by:	Logged in date:

TERMS AND CONDITIONS / QUALIFICATIONS AND LIMITATIONS