



SAMPLE SUBMITTAL FORM

7960 South Kolb Road
Tucson, Arizona, 85756
(520) 622-4836

Address report to:

E-mail:

Tel:

Fax:

Email Invoice to:

Email copy of Report to:

Job No. _____
Date Received _____
Ok'd By _____
How Received _____
Samples _____
Weight _____
Missing _____
Extra _____
Notes _____
(This space for internal use only)

PROJECT NO.:

P.O. NO.:

SHIPMENT NO

DATE SHIPPEI

SHIPPED VIA:

TRACKING NUMBI

NO. OF CARTONS:

NO. OF SAMPLES:

(Information provided above helps us track shipments)

LIST SAMPLE NUMBERS	DESCRIBE MATERIAL <small>ROCK CHIP, PULP, DRILL CORE, SOIL, ETC.</small>	Gravimetric Fire Assay		Fire Assay AA Finish	Aqua Regia AA Finish	✓ Appropriate Box For Au and Ag Analysis LIST ADDITIONAL ELEMENTS TO BE DETERMINED (Include 'Code' ID if applicable)
		Au	Ag	Au	Ag	
		<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"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<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"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<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"/>	
		<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"/>	

Units:	ppb	ppm	oz/T	g/MT	Additional Instructions
Report Au in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Report Ag in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(Use additional sheets if necessary)

Signature of person authorizing work: _____

PAYMENT FOR SERVICES REQUESTED MUST ACCOMPANY ORDER UNLESS CREDIT ARRANGED

*If other than standard preparation is desired, please contact lab manager.

† SAMPLE STORAGE: Pulps stored 90 days pending instructions, bulk rejects stored 30 days pending instructions.

INDICATE DESIRED DISPOSITION OF SAMPLES AFTER ANALYSIS	Bulk Rejects	Pulp
Return at customer's expense	<input type="checkbox"/>	<input type="checkbox"/>
Store temporarily pending instructions †	<input type="checkbox"/>	<input type="checkbox"/>
Discard immediately at customer's expense	<input type="checkbox"/>	<input type="checkbox"/>