

## Request for Analysis Impact Global Solutions.



70 Rue Goodfellow • Delson, QC • J5B 1V4 • Tel: (450) 993-0577

Corrier	·	# of		# of Samples:		
Carrier: Waybill #:  FOR OFFICE USE ONLY Date Received:		# of Packages: # of Samples:  Time Received: Initial:				
Batch ID:		Invoice #:				
Priority: Normal (may vary depending on package and time of year - please enquire)  RUSH (required by)  (Note: subject to surcharge, method dependent)		Confirmation of Sample Receipt: Yes No  By: E-mail:  or Fax:				
Client Info: Client Batch #:		Shipment #:				
Quote #. PO #. Proforma #:		Project:				
Company:		Additional Report to:				
Attn:	Company:					
Address:	Address:					
Phone :Fax:	Phone : Fax:			Phone :Fax:		
E-mail:	E-mail:			E-mail:		
Method of Payment: For all clients, unless cre of payment must be received before results w	dit has been establishe	d, a suitable form	☐ Visa ☐ MasterCard ☐ AMEX			
Payment is included (make cheque or bank		,	, <u> </u>			
Charge to NEW Credit Card (details are proven Charge to Credit Card on file with Impact Glo	expiry Date:					
Credit has been established with Impact Glo	ill be issued after					
invoice has been received.	nd involves are amailed	Name:				
Reporting & Invoicing Instructions: Reports and invoices are emailed indicated.		uniess otherwise	Signature:			
Invoice: Hard copy 1st Addr Report: Hard copy 1st Add	Retain credit card information to charge this					
Report. Hard copy Ist Add	ress 2nd Address		work order and all future work orders.			
Storage:		Return	Dispose (\$0.45/sample)	Store		
Please Note: License required for the return of radioactive material - cost per shipment is	Rejects After Analys	sis	☐ After 60 days ☐	\$0.30/sample/month		
\$200.00 + shipping. Under CFIA regulations,	Pulps	sis	☐ After 90 days ☐	\$0.15/sample/month		
soil, sediment and vegetation samples from outside Canada require incineration prior to	Sieve	sis	After 3 months	\$0.20/sample/month		
disposal; additional charges will apply.	Irrads	sis	☐ After 30 days ☐	\$0.20/sample/month		
Return Samples To:		Method of Sample	Return:	<del></del>		
Company:	At cost + 15% (client will be invoiced)					
Address:	☐ Our Carrier Account:					
		Carrier Name:				
	Account #:Phone:					
Attn :Phone:	Priorie					
Special Instructions/Comments:						
For samples requiring Geochronology and/or Isotopic Geochemistry, please be sure to include the following information:						
Rock type:						
Minerals to be separated, specify:						
Estimated age:						
Authorized Signature:						

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Sample Preparation Charges: Contact me if sample preparation is required. I authorize any required sample preparation charges.							
# of samples	Sample Numbers (list all or range)	Sample Type (see below)	Prep. Code (if required)	Analysis Code / Elements			

H – Humus S – Soil V – Vegetation B – Brine MW – Marine Water W – Water C – Ore Conc. O – Other (specify) P – Pulp LS – Lake Sediment SS – Stream Sediment HMC – Heavy Minerals

R – Rock CR – Crushed Rock DC – Drill Core

Sample Type: