



Sampler Information ☐ Sampler Is ALARA

Company _____
Address _____
City _____
Province _____ Postal Code _____
Country _____
Phone Number _____
Fax Number _____
Contact Name _____
E-mail _____

Invoice Address:

☐ Use same as Sampler

Company _____
Address _____
City _____
Province _____ Postal Code _____
Country _____
Phone Number _____
Fax Number _____
Contact Name _____
E-mail _____

Sample Details:

Client Sample ID/Description	Desired Turnaround	Analysis Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please describe the sampling method used below:

TO BE COMPLETED BY ALARA Laboratory

Lab ID#	Net Weight (g)	Sample Seal Date (YY/MM/DD)	Results Required By: (YY/MM/DD)	Direct Reading
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Received at ALARA on:

Report Return Details

- ☐ Please mail the report to the Sampler address
☐ Please mail the report to the Invoice address
☐ Please fax the report to me at:
☐ Please E-mail the report to me at:

**A minimum \$10.00 environmental disposal fee per sample will be charged to the client.
Additional disposal fees are charged for volumes of greater than 1/3 litre solids and 1 litre liquids.
Full filter samples will be returned to client or a minimum \$50.00 disposal fee will be charged.
Laboratory charge of cutting out composite filter sample is a minimum \$50.00**

Invoice Payment Options

Visa/Mastercard

Expiry Date

Name on card

Purchase Order #

Cost Code