



Office use only  
JOB NUMBER

Sample Submission No.

Client Order No.

Project

www.genalysis.com.au

**CLIENT NAME**

**CONSIGNMENT DETAILS** No. of Packages  No. Samples  Sample Weight

Despatched by  From  Con Note No.

**SAMPLE TYPE**  **RESULTS TO**  Name:

<input type="checkbox"/> Air Core <input type="checkbox"/> Calcrete <input type="checkbox"/> Concentrate <input type="checkbox"/> Drill Core <input type="checkbox"/> Gossan <input type="checkbox"/> Lag/Laterite <input type="checkbox"/> Metallurgical <input type="checkbox"/> Pulp	<input type="checkbox"/> RAB Chip <input type="checkbox"/> RC Chip <input type="checkbox"/> Residue <input type="checkbox"/> Rock Chip <input type="checkbox"/> Sieved Soil <input type="checkbox"/> Stream Sediment <input type="checkbox"/> Whole Soil <input type="checkbox"/> Other	Address: <input type="text"/>
		By <input type="checkbox"/> Mail <input type="checkbox"/> Fax No. <input type="checkbox"/> Phone No. <input type="checkbox"/> Email <input type="checkbox"/> excel <input type="checkbox"/> sif <input type="checkbox"/> csv <input type="checkbox"/> text
		<b>COPY TO</b> Name: <input type="text"/>
		Address: <input type="text"/>
		By <input type="checkbox"/> Mail <input type="checkbox"/> Fax No. <input type="checkbox"/> Phone No. <input type="checkbox"/> Email <input type="checkbox"/> excel <input type="checkbox"/> sif <input type="checkbox"/> csv <input type="checkbox"/> text
		<b>INVOICE TO</b> Name: <input type="text"/>
		Address: <input type="text"/>
		<input type="text"/>

**HAZARDOUS SAMPLES**  Fibrous/asbestos  Radioactive  Other (Please specify)

**TURN AROUND**  Routine  Priority Date Required

Start No.	Finish No.	QTY	Elements with Detection Limits in ( )	Method of Analysis

**SAMPLE DISPOSAL** Pulp  Bulk  Charges Apply for sample storage >60 days  
 Hold for [ ] months then dispose  Other (give details)   
 Hold for [ ] months then return

**PREPARATION REQUIRED / SPECIAL INSTRUCTIONS**  **SUBMITTED BY**

*PLEASE NOTE: Samples will be prepared by Genalysis' default methods unless otherwise stated.*

Name <input type="text"/>	<b>HAZARDOUS SAMPLES DECLARATION</b> I have declared any hazardous material above <input type="text"/>
Signed <input type="text"/>	
Date <input type="text"/>	

**SUBMITTED TO**

<b>Perth</b> <input type="checkbox"/> 16 Davison Street (Gate 6) MADDINGTON WESTERN AUSTRALIA 6109 Phone: +61 (0) 8 9251 8100 Fax: +61 (0) 8 9251 8160 Email: samples@genalysis.com.au	<b>Kalgoorlie</b> <input type="checkbox"/> 12 Keogh Way KALGOORLIE WESTERN AUSTRALIA 6430 Phone: +61 (0) 8 9021 6057 Fax: +61 (0) 8 9021 3476 Email: kalgoorlie@genalysis.com.au	<b>Adelaide</b> <input type="checkbox"/> 11 Senna Road WINGFIELD SOUTH AUSTRALIA 5013 Phone: +61 (0) 8 8376 7122 Fax: +61 (0) 8 8376 7144 Email: adelaide@genalysis.com.au	<b>Townsville</b> <input type="checkbox"/> 9-23 Kelli Street BOHLE QUEENSLAND 4818 Phone: +61 (0) 7 4774 3655 Fax: +61 (0) 7 4774 4692 Email: townsville@genalysis.com.au
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