



Turnaround Time: Regular Rush (100% surcharge)
 Rush (100% surcharge + overtime charges authorized*)
 * Contact lab in advance to authorize

Invoice to:
 Company Name: _____
 Contact Name: _____
 Address: _____
 City/Prov: _____
 Postal Code: _____ Phone: _____
 Email: _____
 PO#: _____ Quote #: _____

Report Format: PDF Excel
Report Results to: Water Security Agency Sask. Health Authority

Report to: Same as Invoice to? **Special Instructions/Notes:**
 Company Name: _____
 Contact Name: _____
 Address: _____
 City/Prov: _____
 Postal Code: _____
 Phone: _____
 Email: _____
 Email: _____
 Email: _____

Lab Use Only:

Radioactivity: background **SRC Group #** _____
 0.05-0.2 mR/hr **Client Code** _____
 > 0.2 mR/hr **Date/Time received** _____
WSA Flag **Storage** _____

# of bottles																			
Preservatives																			
Size																			
In Subgroup #																			

Received by: _____

Tests Required

Sample Site Description	# of Bottles per site	Sample Type (water, soil, etc.)	Date/Time Sampled																

I _____ hereby relinquish the above listed samples to SRC Analytical and authorize the above listed analysis as per the Standard Terms and Conditions (available on SRC's website at www.src.sk.ca/eal-standard-terms-and-conditions) on the ___ day of _____, _____.
 (Printed Name) (Day) (Month) (Year)

Relinquished by Signature: _____