

REQUEST FOR ANALYSIS

Qmineral Analysis and Consulting

Carrier: _____	Waybill #: _____	# of Packages: _____	# of Samples: _____
FOR OFFICE USE ONLY Date Received: _____		Batch ID: _____	
Priority: <input type="checkbox"/> Normal (may vary depending on package and time of year - please enquire) <input type="checkbox"/> RUSH (required by) _____ (Note: subject to surcharge, method dependent)		Confirmation of Sample Receipt: <input type="checkbox"/> Yes <input type="checkbox"/> No By: E-mail: _____	
Client Info: Client Batch #: _____		Shipment #: _____	
Quote #, PO #, Proforma #: _____		Project: _____	
Company: _____ Attn: _____ Address: _____ _____ Phone: _____ E-mail: _____		Invoicing instructions: _____ Company: _____ VAT nr.: _____ Address: _____ _____ Phone: _____ E-mail: _____	
Report: <input type="checkbox"/> Written <input type="checkbox"/> Spreadsheet			
Return		Dispose	
<input type="checkbox"/> After Analysis		<input type="checkbox"/> After 60 days	
<input type="checkbox"/> After 60 days		<input type="checkbox"/> After 60 days (€0)	
<input type="checkbox"/> After 60 days		<input type="checkbox"/> €0.25/sample/month	
Return Samples To: Company: _____ Address: _____ _____ Attn: _____ Phone: _____		Method of Sample Return: <input type="checkbox"/> At cost <input type="checkbox"/> Our Carrier Account: _____ Carrier Name: _____ Account #: _____ Phone: _____	
Special Instructions/Comments: _____			

AUTHORIZED SIGNATURE:			

FOR FASTER TURNAROUND TIME, EMAIL A COPY OF YOUR SUBMITTAL FORM TO info@qmineral.com			
Client Name: _____			
# of samples	Sample Numbers (list all or range)	Sample Type	Requested Analysis

