

Requisition For Laboratory Services



SWAMP Laboratory for Trace Metals Analysis
 5-69, South Academic Building, University of Alberta
 Edmonton, AB, T6G 2E1 Canada
 Phone: (780) 447-0533
 Email: swamp@ualberta.ca
 website: swamp.ualberta.ca

SWAMP USE ONLY Received by: _____ Date received: _____
 Comments: _____

| | |
|--|-------------------------|
| CLIENT INFORMATION | INVOICE TO |
| Contact: _____ | Same as primary contact |
| Company: _____ | Company: _____ |
| Street Address: _____ | Address: _____ |
| Province/State: _____ | |
| Country: _____ Postal/Zip Code: _____ | |
| Attn: _____ | Attn: _____ |
| Email: _____ | Email: _____ |
| Phone: _____ | Phone: _____ |
| RESULTS TO | WITHIN UofA ONLY |
| Email: _____ | Speed Code: _____ |

LIST OF ELEMENTS REQUESTED

| SWAMP use only | Sample preparation required | Sample type (e.g. riverine water) | Quantity | Unit Cost | Total Cost |
|----------------|-----------------------------|-----------------------------------|----------|-----------|------------|
| | digestion filtration | | | | |
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| Special notes: (please communicate relevant information; e.g. water contains 2% nitric acid) | Disposal Cost | |
| | Return Cost | |
| | Storage Cost | |
| | 20% overhead | |

NOTE: External clients will be assessed 20% overhead **Anticipated TOTAL Cost** _____

| | | |
|-----------------------------------|-------------------------------|--------------------------------|
| RETURN (at cost + 10%) | RETURN ADDRESS | Same as primary contact |
| Return immediately after analysis | Company: _____ | |
| Return after 60 days | Address: _____ | |
| Pickup within 60 days | Phone: _____ Attn: _____ | |

| | |
|--------------------------------|-------------------------------------|
| DISPOSAL | STORAGE |
| After analysis (\$0.10/sample) | After 30 days (\$0.20/sample/month) |
| After 30 days (\$0.25/sample) | After 60 days (\$0.25/sample/month) |
| After 60 days (\$0.30/sample) | After 90 days (\$0.30/sample/month) |

AUTHORIZATION - Client hereby requests SWAMP to perform the above services.

 Signature of Authorization _____
 Date