

5-69, South Academic Building University of Alberta Edmonton, AB, T6G 2R3 Canada website: swamp.ualberta.ca

Complete this form and e-mail to: Dr. Fiorella Barraza - barrazac@ualberta.ca

| SWAMP USE ONLY | Received by: | Received by: | | | | Date received: | | | | |
|--|----------------------|---------------|------------|----------------|--------------------------------------|----------------|------------|------------------------|------------|--|
| Comments: | | | | | | | | | | |
| CLIENT INFORMATION Contact: | | | | | INVOICE TO Same as primary contact | | | | | |
| Company: | | | | | Company: | | | | | |
| Street Address: | | | | | Address: | | | | | |
| Province/State: | | | | | _ | | | | | |
| Country: Postal/Zip Code: | | | | | | | | | | |
| Attn: | | | | | Attn: | | | | | |
| Email: | | | | | Email: | | | | | |
| Phone: | | | | | Phone: | | | | | |
| RESULTS TO Email: | | | | | WITHIN UofA ONLY Speed Code: | | | | | |
| LIST OF ELEMENTS | REQUESTED | | | | | | | | | |
| Sample Type | Preparation required | | | Type of An | ype of Analytical Service Quantity | | | Unit Cost | Total Cost | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| | dry & mill | digestion | other | | | | | | | |
| Special notes: (please communicate relevant information; e.g. water contains 2% nitric acid, type of digestion needed) | | | | | | | | Disposal Cost | | |
| | | | | | | | | Return Cost | | |
| | | | | | | | | Storage Cost | | |
| | | | | | | | | QAQC Cost* | | |
| * The number of digested blanks and SRMs (QAQC) is calculated as 20 % to 30% of the total number of samples. We encourage the submission of blind duplicates to ensure the quality of your data since these are not included in our costs. | | | | | | | our costs. | Anticipated TOTAL Cost | | |
| RETURN (at cost + 10%) RETURN ADDRES | | | | SS | Same as primary contact | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | ny: | | | | | | | |
| Return after 30 days Address: | | | s: | | | | | | | |
| Pickup within 30 days Phone: | | | | | Attn: | | | | | |
| DISPOSAL Within 30 days (\$0.20/sample) | | | | ST | TORAGE 30 days (\$0.00/sample/month) | | | | | |
| After 30 days (\$0.50/sample) | | | | | After 30 days (\$0.50/sample/month) | | | | | |
| After 60 days (\$0.60/sample) | | | | | After 60 days (\$0.60/sample/month) | | | | | |
| AUTHORIZATION - C | Client hereby reques | ts SWAMP to p | erform the | above services | | | | | | |
| Authorized Signature | | | | | Date | | | | | |
| Authorized Signature | | | | | Ŀ | | | | | |