



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?
Company Name: _____
Contact Name: _____
Address: _____
City/Prov: _____
Postal Code: _____
Phone: _____
Email: _____
Email: _____
Email: _____

Special Instructions/Notes:

Lab Use Only:

Radioactivity: background 0.05-0.2 mR/hr > 0.2 mR/hr

WSA Flag

SRC Group # _____
Client Code _____
Date/Time received _____
Storage _____

# of bottles												
Preservatives												
Size												
In Subgroup #												

Received by: _____

Tests Required

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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: _____