

2045 Mills Road West, Sidney, British Columbia, Canada V8L 5X2  
TEL: (250) 655-5800 TOLL FREE 1-888-373-0881 FAX: (250) 655-5811

PAGE OF

Client - Reporting Information			Client - Invoice to Information				Analysis Requested				
Company Name			Same as report to ( Y / N ). If no, please fill in below								
Address			Company								
			Address								
Project Contact			Contact								
Phone #			Email								
Email			Client Purchase Order # or SGS AXYS Quote #								
Project Name or Number:			Sampler Name: _____ Signature: _____								
Client Sample Identification	Matrix	Sampling Date	Sampling Time	Container Type	# bottles	SGS AXYS Lab Sample ID (Lab use only)					
Possible Hazard Identification:						Sample Disposal (A fee will be charged if samples are requested to be archived)					
Biohazardous _____ Agricultural Hazard _____ None _____						Return to Client: _____ Disposal by the Lab: _____ Archive for _____ months					
Comments/Remarks/Special Instructions											
Sample Custody											
Relinquished by (Signature):			Date:		Received by (Signature):				Date:		
			Time:						Time:		