SP	SAMPLE SUBMITTAL FORM

American Assay Laboratories Inc.

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EMAIL: info@aallabs.com

Company:

Contact:

Billing Address:

PROJECT: COMPANY PO #:

SAMPLE ORIGIN COUNTRY: STATE: COUNTY: USDA Quarantine Requirement

Telephone: Fax:

Date Submitted: AAL Received:

RELEASOR SIGN: DATE/TIME: ACCEPTOR SIGN:

SAMPLE IDENTIFICATION	TYPE	#	PREPARATION AND ANALYSIS
TOTAL NUMBER OF SAMPLES:			

TURNAROUND REQUIREMENT

REPORT IN: **PPB**[ ] **PPM**[ ] **OPT**[ ] **%**[ ]

COARSE REJECTS
[ ] Discard
[ ] Return COD

PULPS
[ ] Discard
[ ] Return COD

DATA OUTPUT

Hard Copy Address:

Phone:

Fax:

E-Mail:

Format: *xls* *txt* *pdf* *acquire* *xml*

PAYMENT TERMS 20 Days From Invoice Date

***** For AMERICAN ASSAY LABORATORIES Use Only *****

Entered By/Date:	EPR/Date:	Payment Method:

SNR/Excess/Other: