

## **Request for Analysis**

Contact name:				Phone:	
Company:				Mobile:	
Email:				Fax:	
Physical address	(busines	s or residential)			
Street:				State:	
Suburb:				Postcode:	
Postal address					
Street:				State:	
Suburb:				Postcode:	
			<u> </u>		
Number of Samples:				Туре:	
Date Sample:				Purchase Order Number	
Disposal: □	Discard	d after one month	□ Return to	client 🗆	Other
Turnaround time:					es, please contact us prior to submission)
Sample Marks/ID Number (use sequential numbering)		Date Sampled	Sample Type		Work Required and / or Comments
Unless provided with a written quotation indicating otherwise, a minimum charge of \$500 ex GST is applicable for all non-account and one-off clients. The minimum may be waived in instances of ongoing analytical requirements and depending on the scope of your work.					
By signing the authorisation below, you agree to this minimum charge. I accept ChemCentre's Terms of Analysis and ChemCentre is hereby authorised to proceed.					
Signed:	Witness:				
Name:	Date:				
Once completed, please attach to your samples and either:  Post to ChemCentre, PO Box 1250, BENTLEY DC WA 6983, or  Hand deliver or courier to ChemCentre Receivals, Ground Level, Resources and Chemistry Precinct, Corner Manning Road and Townsing Drive (Delivery entrance off Conlon Street), Bentley, Western Australia, 6102  Office Use Only					
Receiving Officer:				Quoted Valu	ıe:
Quarantine required:	☐ Ye	s 🗆 No		Lab Numbe	rs:
Received (date, time):				Rece Numb	