

	Northern Analytical Laboratory Services (NALS) <i>"A Quality-Driven Analytical Laboratory in the North for the North"</i>	3333 University Way, Prince George, B.C V2N 4Z9, Canada Phone:250-960-5713 or nals@unbc.ca	<i>Office Use Only</i> <i>Project ID#</i>
	Analysis Request Form		

Client Contact Information

Name: _____ **Pricing:** Academic Internal All Others
 Address: _____ **Preferred Correspondence:**
 Phone: _____ Ext. _____ E-mail Mail Phone Will pick up
 E-mail: _____ Existing Client or New Client

Billing Information

Same as Client Contact Information or **Alternate Billing Information:**
 PO# _____ or N/A Name: _____
Report Results To: _____ Address: _____
 _____ Phone: _____ Email: _____

Sample Submission Information

Date / / Time * Number of Samples

Sample #	Sample Name	Sample Type				**Sample Retention		Sample Comments <i>(Sampling time, location, arrival temperature, etc.)</i>
		Water		Soil	Other	Hold for pick up	Hold for further analyses	
		Potable Water	Other Waters					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

*Attach Additional Samples Submission Information Form(s) for more than 10 samples.
 ** Samples not marked for retention will be disposed of following analyses.

Analysis Request Form

Is this request a **RUSH** (less than routine turn-around-time)? Yes No

Are any of these samples collected under a regulatory act (ex. BC Drinking Water Protection Act) or fall under the jurisdictional oversight of a Public or Environmental Health Officer? YES NO N/A

Name _____ Means of Direct Contact _____.

Routine Options	Water Samples								Solids and Other Materials											
	Elemental			Physical		Biological		Process		Elemental			Physical			Process		Stable Isotope		
	Anions	Dissolved Metals	Total Metals	pH and Conductivity	TSS	Heterotrophic Plate Count	Coliforms and <i>E. coli</i> Full quant and verification	Ammonia	TOC/DOC	Total Metals	Trace Element	Total Carbon and Nitrogen	Particle Size Distribution	pH	Conductivity	Moisture Content	Cation Exchange Capacity	Carbon	Nitrogen	
Perform on all samples																				
Or, specify individual samples (Ex. 1,2&4)																				

Non-Routine Options	Chromatography (HPLC-MS or GC-MS)	FT-IR	SEM imaging	Materials Testing								Other		
				XRF	DSC	TGA	XRD	Bulk Density	Calorimetry	Holding Capacity	Mechanical Sieving	Please Specify:		
Perform on all samples														
Or, specify individual samples (Ex. 1,2&4)														

Hazardous Sample Disclosures

Do you know or suspect any of these samples to be potential hazards to the health of individuals who may come in contact with them? Yes or No
Comments:

Do you know or suspect that any of these samples may be hazardous to the environment if disposed of as non-hazardous waste? Yes or No
Comments:

Lab Use Only (Identification of sample non-conformities)

Analysis Time Packaging Chain of Custody

Temperature Matrix Other

Additional Comments:

NALS COPY - Sample receipt # (if applicable)

Received By:

Client Acknowledgement

Name: _____ Signature: _____

Date: _____

Sample Receipt # _____
Project ID: _____
Name of Submitter: _____
Name of Receiver: _____
Copy of Analysis Request Form Provided
Y or N