

SSD Request for Analysis

		*Items marked	d with an asteris	k are required	fields
Contact name*:				Phone*	:
Company:				Mobile:	
Results Email*:				Billing Email*:	
Physical address ((business or residential)*				
Street:				State:	
Suburb:				Postcode:	
Postal address					
Street:				State:	
Suburb:				Postcode:	
				1 0310000.	·
Number of Samples*				Туре:	
Samples*: lype: Purchase					
Date Sampled*:				Order Number	
Disposal*: □	Discar	d after one month	□ Return to c	lient	Other
Turnaround time*: Standard Urgent (surcharge applies, please contact us prior to submission)					
Sample Marks/ID Number* (use		Date Sampled* Sample		e Type*	Analysis Required and / or Comments*
sequential numbering)		•			,
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 fee 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	ChemC	entre's Terms of Ana	llysis and Chen	nCentre is he	reby authorised to proceed.
Signed*:	Witnes			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	le:
Quarantine required:			Lab Numbe		
Received (date, time):				Rece	ipt

Number: