

IGS Impact Global Solutions

Sample Submitted For

E-mail: Bureau_des_affaires@impact-gs.com

70 Goodfellow. Delson, Qc. J5B 1V4.
Tel: (450) 993-0577. Fax: (514) 221-4724.
Web: www.impact-gs.com

Submission Details	
Company name:	
Submitted by:	
Contact Number:	
E-mail	
Courier/Waybill:	
Date of shipment:	
Project ID:	
PO Number:	
Reporting Instructions	
Report to:	
Company name:	
Contact Number:	
Address:	
City/Postal Code	
Province/Country:	
Email 1:	PDF <input type="checkbox"/> XLS <input checked="" type="checkbox"/> CSV <input type="checkbox"/>
Email 2:	PDF <input type="checkbox"/> XLS <input type="checkbox"/> CSV <input type="checkbox"/>
Final report and invoice will be sent by PDF email	

Invoicing Details	
IGS Quote:	
Invoice to:	Same as Report <input type="checkbox"/>
Company name:	
Contact Number:	
Address:	
City/Postal Code:	
Province/Country:	
E-mail 1:	
E-mail 2:	
Sample Fate	
Rejects	Pulps
<input type="checkbox"/> Return after 30 days	<input type="checkbox"/> Return after 90 days
<input type="checkbox"/> Dispose after 30 days	<input type="checkbox"/> Dispose after 90 days
<input type="checkbox"/> Paid storage after 30 days	<input type="checkbox"/> Paid storage after 90 days
Return Attention to:	
Return Address:	
Carrier:	
Acc No:	

Sample Identification and Analysis Instructions		Rush TAT requests must be approved by the laboratory. A surcharge will apply	
Project Name:		<input type="checkbox"/> Standard TAT	<input type="checkbox"/> Rush TAT
Sample Type:	<input checked="" type="checkbox"/> Core <input type="checkbox"/> Concentrates <input type="checkbox"/> Exploration grade	<input type="checkbox"/> Rocks <input type="checkbox"/> Metal <input type="checkbox"/> Ore grade	<input type="checkbox"/> Sediments <input type="checkbox"/> Other: <input type="checkbox"/> Control grade <input type="checkbox"/> Umpire grade
Special Instructions:			
IMPORTANT: If samples are known to contain hazardous material, please label accordingly		<input type="checkbox"/> Asbestos	<input type="checkbox"/> NORM

Methods of Analysis Available		
No.1 : 3A-ME-SAA/ICP <input type="checkbox"/>	No.2: 4A-ME-ICP <input type="checkbox"/>	No.3 : BF-ME-ICP <input type="checkbox"/>
No.4: BF-ME-XRF <input type="checkbox"/>	No.5: BF-REE-ICP <input type="checkbox"/>	No.6: FA-GRAV-Au <input type="checkbox"/>
No.7 : FC-MP-SAA/ICP <input type="checkbox"/>	No.8 : ME-LOI <input type="checkbox"/>	No.9 : SF-ME-ICP <input type="checkbox"/>

Sample IDs		Sample Preparation and Assays Requested		
From:	To:	Number	Preparation: No:	Analysis Key elements of interest
Total number of samples submitted:		<input type="checkbox"/> See attached excel file for sample IDs		<input type="checkbox"/> See attached excel file for analysis required
Client Authorization (signature):			Date:	