

Thank you for choosing us as your laboratory partner.

For us expedite your order, please include the following:

Samples

1. Samples

- Please specify instructions as whether to the sample is to be ground or dried, otherwise the chemical composition of your samples may be affected.
- Please provide approximate percentage values for the sample elements, identify any interfering elements, and specify the detection limits required.
- For instructions regarding sample size, shipping, and pricing please contact us at (416) 286-3332 or Toll Free (877) 246-9107

2. A fully completed Sample Submission form.

- Be sure to complete all areas. Complete one form for each sample and attach the form to your sample. If you need assistance, please contact us at the number below.

3. For new business accounts, please provide a Purchase Order or Complete the New Business Account Form on Page 3

4. Specifications

- Provide approximate percentage values for the sample elements and identify any interfering elements, as well as specify the detection limits required.
- If required, please specifically request trace analyses, as different sample sizes, procedures, and pricing may apply.

5. Material Safety Data Sheet (if required)

Laboratory Results

We email the Laboratory Results (COA) for all levels of service directly to the client. If repeat analyses are required due to lack of information, extra charges will apply.

Turnaround Time Options

We understand your testing needs, so we try our best to avoid unnecessary and time-consuming steps. Our professionals are experienced at recognizing similarities between sample types and applying proven methodologies. This results in prompt, efficient turn-around times.

Regular Service:

Approximately 5-7 business days (10 business days for complete monographs) from the date of sample receipt. Analysis completion time varies with the sample type, handling requirements, and tests requested.

48-hour RUSH Service:

Available on selected analysis at a 50 % surcharge (please call for availability). Results are reported by email or fax as soon as they become available.

When requesting "RUSH" services, please mark CAL "RUSH" labels on the outside of the shipping containers. Containers labeled "RUSH" are opened and processed before Regular Service packages.



CANADIAN ANALYTICAL LABORATORIES INC.

SAMPLE SUBMISSION FORM

6733 Kitimat Road, Mississauga, Ontario, Canada, L5N 1W3, Phone: (416) 286-3332 , Fax: (416) 286-3885,
www.cal-laboratories.com email: info@cal-laboratories.com

Existing Client: Account and Reporting Information		(If 'No', Please provide the		Client Purchase Order #:	
Billing Account Information			Reporting Information Same as Billing		
Contact:		Contact:			
Company Name:		Company Name:			
Street Address:		Province/State:		Street Address:	
City:		Country:		City:	
Postal Code:		Fax:		Postal Code:	
E-Mail:		Phone		E-Mail:	
Data Delivery:					
Service Options:		*For Rush testing, preapproval is required.			
Sample Type Code:		Material Stage:		Sample Handling:	
				Storage Condition:	

Sample Information:

Sample Name:			Lot #:		Quantity:	
(Mention the required tests below <i>OR</i> attach the Specification Sheet and highlight the required tests)						
<input type="checkbox"/> Specification Sheet Attached						
	Test		Method †		Specification	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
† For drug products methods are required to be validated/verified. Validated methods need to be transferred and their suitability verified at contract test labs. Please advise if this service is required.						
Client's Sample Testing Authorization:			Name:		Signature:	
Sample Shipment: CAL accepts samples by mail or courier to: 6733 Kitimat Road, Mississauga, Ontario, Canada, L5N 1W3. Sample deliveries are accepted Monday through Friday (except holidays), from 9:00 am to 5:00 pm. All received samples will be processed the following business day. Please refer to our Terms and Conditions available on www.cal-laboratories.com.					For office use only: CAL AR#:	

Please fill this Form **for each sample OR Same Group of Samples** and attach the other samples information separately.

THE REENA GROUP OF COMPANIES

NEW CUSTOMER FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Business Number		Date business commenced	
Company name		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	<input type="checkbox"/> Total Health Centre <input type="checkbox"/> Canadian Analytical Laboratories <input type="checkbox"/> MCS Associates Inc.
Trading as			
Phone / Fax			
E-mail		Projected sales	
Registered company address City, State, ZIP Code		Reena Sales Contact	

ACCOUNTING CONTACT INFORMATION

Payables Name:	Operations Name:
Job Title	Job Title
Phone	Phone
E-mail	E-mail
Preferred payment method	Website:

OWNERS/ DIRECTORS INFORMATION

Title	Phone
Name	E-mail
Title	Phone
Name	E-mail
Title	Phone
Name	E-mail

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days of the date of Invoice.
3. Credit Card on file: Your Credit card will be charged at Net 30 with your authorization. Payment Receipts will be sent via email, unless set up differently by the accounting office.
4. I authorize this organization to request a consumer and business credit report for purposes of determining my current and continued credit worthiness. The permissible purpose(s) for which the report is being obtained certifies the report will not be used for any other purpose. I understand that this organization will be requesting a consumer credit and business report in conjunction with this commercial business application. I release all such persons from any liability or damages that may be incurred as a result of such information. I certify that the information on this application is true and complete. Additionally, I agree to all of terms and conditions as outlined above.

PAYMENT INFORMATION

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Expiry Date		
Card #		
Cardholder Name		
CVC		

SIGNATURES

Signature	Signature
Name and Title	Name and Title
Date	Date