SAMPLES SUBMISSION FORM

CASL WO#_____

To: CONCORD ANALYTICAL SERVICES LIMITED

8540 Keele St., Unit 38
Concord, Ont. L4K 2N2. Canada
Tel: (905) 660-5171
Fax: (905) 660-9474
Email: info@concordanalytical.com

From: Name:_____
Company:_____
Address:_____
_____
_____
Tel/Fax:_____

Date:_____ P.O.#_____ Project:_____

Samples to be: ❑ Returned ❑ Discarded ❑ Stored

SAMPLES ID	ANALYTICAL REQUIREMENTS						

☞Special instructions/Comments:_____
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