LAB

SAMPLE ANALYSIS SUBMISSION FORM

AnchorCert Analytical
1 Moreton Street, Birmingham B1 3AX
T: 0121 262 1017
E: testing@theassayoffice.co.uk
anchorcertanalytical.com

OFFICE USE ONLY

PLEASE COMPLETE ALL SECTIONS AS ANY INCOMPLETE FORMS MAY RESULT IN DELAYS TO YOUR WORK.

1. YOUR DETAILS

ACCOUNT NUMBER:	
COMPANY NAME:	
CONTACT NAME:	
TEL NO:	
EMAIL: (TO SEND RESULTS TO)	
TO BE INVOICED TO: (IF DIFFERENT FROM APPLICANT)	COMPANY NAME:
	COMPANY ADDRESS:
	CONTACT NAME:
	CONTACT EMAIL:
TO BE DELIVERED TO: (IF DIFFERENT FROM APPLICANT)	COMPANY NAME:
	COMPANY ADDRESS:
	CONTACT NAME:
	CONTACT EMAIL:

2. JOB DETAILS

ALL TEST SPECIFIC RESULTS WILL BE ON ONE REPORT UNLESS REQUESTED: ONE SAMPLE PER REPORT ☐

SAMPLES ARE DISPOSED OF 7 DAYS AFTER THE REPORT HAS BEEN RELEASED UNLESS RETURN OF SAMPLE IS REQUESTED: RETURN OF SAMPLE FEE £2.00* ☐

*ITEMS RETURNED VIA SPECIAL DELIVERY WILL INCUR ADDITIONAL POSTAL CHARGES

NO HARD COPY OF REPORT PRODUCED UNLESS REQUESTED: HARD COPY REPORT FEE £1.50 PER REPORT ☐

AMENDMENTS TO REPORTS AFTER FIRST ISSUE WILL BE SUBJECT TO A £7.00 ADMINISTRATION FEE.

3. PAYMENT METHOD (please tick one)

PLEASE DEBIT MY CREDIT ACCOUNT: Not available with first order ☐	CREDIT/DEBIT CARD ☐ Also indicate: Use card on file ☐ Call for card details ☐	☐	☐	BACS / CHAPS ☐

NOTE: SAMPLES AND RESULTS WILL NOT BE RELEASED UNLESS PRE-PAID OR ON ACCOUNT WHICH IS WITHIN ITS CREDIT LIMIT.

PLEASE COMPLETE THE INFORMATION OPPOSITE WITH YOUR SAMPLE REFERENCE NUMBERS AND REQUIRED ANALYSIS AND HAND THIS FORM INTO CUSTOMER SERVICES WITH YOUR SAMPLE. IF YOU PREFER, YOU CAN POST THE FORM TO US AT THE ADDRESS AT THE TOP OF THE PAGE.

I CONFIRM I ACCEPT THE TERMS & CONDITIONS OF SALE AS SUPPLIED ☐

CUSTOMER SIGNATURE: PRINT: DATE:

RECEIVED BY ANCHORCERT ANALYTICAL REPRESENTATIVE: PRINT: DATE:

FOR HAND DELIVERED ITEMS - BARCODE RECEIPT TO BE PLACED HERE

White Copy to AnchorCert Analytical / Pink Copy retained by customer. NB this must be presented in order to collect goods.

PURCHASE ORDER NUMBER: (THIS WILL APPEAR ON YOUR INVOICE)	

CUSTOMER REFERENCE *(This will appear on your report)*	Analysis Required					XRF		ICP Full Scan
	Gold (Au)	Silver (Ag)	Platinum (Pt)	Palladium (Pd)	Others (Please Specify)	Unscraped Only	Scraped & Unscraped	All Elements