Alpha Laboratories
ADVANCING HEALTHCARE FOR ALL

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Requisition for Sample Analysis

Customer Information:

Name: _____

Address: _____

Postal code: _____

Phone number: _____

Fax number: _____

Contact person: _____

– Internal use only –

Customer #: _____

PID #: _____

Sample Information:

Product name: _____

Lot number: _____   Other reference number: _____

Method of payment (Cheque/Cash/P.O.Number): _____

Quantity shipped: _____   Storage conditions: _____

Contact name: _____   Extension: _____

Dangerous: Hazardous: Controlled substances: Are appropriate document(s) attached? Yes: No:

Test Required	Method	Specifications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information:

_____

_____

Date results required:

dd/mm/yyyy _____

Authorization

Name & title _____

Signature _____   Date of request _____

Document Name: Requisition for sample analysis
Document Number/Version: 01
Effective Date (y/m/d): 2022/05/11

Facility Name: Alpha Laboratories Inc.
Location: 1262 Don Mills Road
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