

Specialised Testing

Thin Section Request Form



DISPATCH	
Mail/Courier to:	Submission Form to:
Trilab PTY LTD (Petrographics) 346a Bilsen Road Geebung, QLD 4034	geology@trilab.com.au

BILLING INFORMATION		
Company Name:		
Company Address:		
Contact Name:	Purchase Order No:	or N/A (please tick) <input type="checkbox"/>
Contact Phone:	ABN:	
Accounts Receivable Email:		

FORWARD COMPLETED WORK TO/DELIVERY INFORMATION		
Company Name:		
Contact Name:	Contact Phone:	Contact Email:
Mail/Courier to:		

SAFETY INFORMATION*			
Sample submissions with suspected hazardous materials must be double bagged and labelled appropriately. Samples without proper notification of hazards will delay processing until a full assessment is provided by the client. <i>Please check all that apply.</i>			
<input type="checkbox"/> Toxic	<input type="checkbox"/> Flammable	<input type="checkbox"/> Radioactive	<input type="checkbox"/> Pathogenic
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Explosive	<input type="checkbox"/> None	
<input type="checkbox"/> Other (please specify)			

SAMPLE SIZES MINIMUM**			
Rock Spall	Fist size rock specimen	Ballast	1kg
Core	¼ x 100 mm in length	Concrete Core	100 mm x 100 mm
Unconsolidated Material	500g	Drill Chip	200g

URGENT***	
<input type="checkbox"/>	If you require an urgent turnaround time please contact geology@trilab.com.au to arrange prior to sending. Surcharge applies per sample for urgent request.

* Safety Information – All relevant boxes must be filled out to begin work. Contact must be made to Trilab PTY LTD (Petrographics) prior to sending if dangerous goods are suspected. Australian safe work standards must be followed to send and accept hazardous materials.

** Sample Sizes – Insufficient sample amounts may result in unsuccessful completion, charges may still apply for labour and consumables used.

*** Urgent – Acceptance of works with an urgent turnaround time must be in writing. General time frames are an approximate and may change due to work load.

**** Declaration – Must be signed before work will begin.

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THIN SECTION WORK REQUIRED					
	Sample ID	Depth (If applicable)	PTS	STD	Other (Please email details)
1					
2					
3					
4					
5					
6					
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DECLARATION****

I declare that the above information is true and accurate and this form is a contract that accepts our terms and conditions and give consent to proceed with the above specified testing.

Name:	Signature:	Date:
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