

**Checklist for requests for AHL contract work for client usage**

**Please fill in as much of the information as possible. In cases where we have provided you with several options in bold, please underline or highlight the option that applies to you or alternately delete the option that is not applicable. By completing this checklist you will help us to produce a formal Service Quotation quickly.** *Please note: The AHL does not test human samples,* ***nor do we provide GLP testing*** *other than by special request****.***

|  |
| --- |
| Basic Project Information |
| Date: Click or tap to enter a date. |
| Project name/description: (max. 60 characters) Click or tap here to enter text. |
| Species: Click or tap here to enter text. |
| Commodity: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Basic Client Information | |
| AHL Client # (with signing authority to pay for the work) Office Use: | |
| Full contact name: Click or tap here to enter text. | |
| Organization: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | Postal Code: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. Fax: Click or tap here to enter text. | Email address: Click or tap here to enter text. |

|  |
| --- |
| **Additional Report Information** |

|  |  |  |
| --- | --- | --- |
| **Name** | **Email** | **V# (office use only)** |
| Click or tap here to enter text. | Click or tap here to enter text. |  |
| Click or tap here to enter text. | Click or tap here to enter text. |  |

|  |  |
| --- | --- |
| PROJECT REQUIREMENTS: |  |
| Is a Mutual Confidentiality and/or Non-Disclosure Agreement needed? | Yes\*  No |
| Is an exchange of intellectual property or confidential information needed? | Yes\*  No |
| Is record retention needed? (ie worksheets, other lab working documents) | Yes\*  No |
| Are methodology records needed? | Yes\*  No |
| Are quality control records needed? | Yes\*  No |
| Are interpretive or consultative services needed? | Yes\*  No |

**\* Project Requirements/Additional information:**Click or tap here to enter text.

|  |  |
| --- | --- |
| SAMPLING INFORMATION: |  |
| Planned submission start date: Click or tap to enter a date. | Planned submission end date: Click or tap to enter a date. |
| Total number of samples to be submitted: | Click or tap here to enter text. |
| Number of samples per submission: | Click or tap here to enter text. |
| Tests to be run: | In batches Routine testing runs Ad hoc |
| Samples will be submitted: | daily weekly monthly once  unknown |
| Samples will arrive | fresh frozen formalin-fixed |
| **(Office use only)** If samples arrive daily: | Run on (choose day if applicable): |
| Samples will not arrive out-of hours | |
| Testing will not be done outside of usual working hours (an out-of-hours surcharge will apply) | |

|  |  |
| --- | --- |
| SAMPLE STORAGE: |  |
| Do you require storage of samples by the AHL?  (routine storage is approx. 2 weeks) | Yes, how long:Click or tap here to enter text. No |
| Do you require disposal of submitted samples/carcasses? | Yes  No  NA |
| Is Euthanasia of live animals required? | Yes  No  NA |
| **Requests for re-testing must be received within two weeks from the date of analysis as samples are disposed of at pre-determined dates after the date of analysis by the lab. Please make arrangements with the lab supervisors to collect your samples if you would like the samples returned.** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TESTING INFORMATION** |  |  |  |  |
| **Test/Procedure** | **Quantity** | **Sample type** | **AHL LIMS code** | **Price** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |  |  |

**Note:** **1) The quoted prices are a package price. Additions or deletions may change the individual test prices.**

**2) The required turnaround time is as advertised in our fee schedule unless otherwise specified**

**Please allow 3 - 5 business days for the final result report.**

|  |  |
| --- | --- |
| REPORTING INFORMATION |  |
| Is additional documentation/record-keeping required?  (including written reports) | Yes  No |
| Is an Excel spreadsheet result file required? | Yes No |

|  |  |
| --- | --- |
| BILLING INFORMATION |  |
| The client will pay for testing using: | Credit Card  PO# Electronic Bank Transfer Cheque UG coding |
| The full U of G grant coding number, or PO#: | Click or tap here to enter text. |
| PO# or UGL# |  |
| **Give any credit card information directly to Eva Ozvald, Finance Supervisor, Laboratory Services Division at 519 824-4120 ext 57207.** | |

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | |
| Will AHL LIMS template be needed? | Yes No |
| Will AHL Client Portal account be needed? | Yes No |
| Will a Customized submission form be needed? | Yes No |
| Have you checked with the Central Services Supervisor re impact on Specimen Room? | Yes No |

**Notes – Template/Forms:**Click or tap here to enter text.

|  |  |
| --- | --- |
| **AHL Lab Section Supervisor(s):** | **Choose an item.** |