

# SPECIAL PRODUCTS ANALYSIS REQUEST FORM



**PEI Analytical Laboratories**  
 P.E.I. Department of Agriculture  
 440 University Avenue  
 P.O. Box 1600,  
 Charlottetown, P.E.I. C1A 7N3  
 Telephone: 902-368-5628 Fax: 902-368-6299



Client Number: (Tax Exempt Number)		Telephone:	
Name:		Fax:	
Mailing Address:		E-Mail Address:	
Postal Code:	Civic Address:	Sampling Date:	Copy To:

Please fill in the information completely and include sheet along with sample.

Sample Description (A)	Sample I.D.	Analysis Package (B)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

A. Sample Description i.e. manure, compost, sewage sludge, limestone, etc.

B. Analysis requested - see reverse for packages and fees

Note: All samples are reported on an "as received" basis and copies of all "Manure" results are copied to the Department's Nutrient Management Specialist.

Office Use Only:

Date Received:	# of Samples:	Accession #
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(Revised July 17, 2007)

