

Mill Identification

Name:	Code:
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Representative Identification

Name:	User Code:
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Producer Identification

Name:	CRM Code:
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Sampling Date

Representative Email Address & Phone Number

Check the box for new customer:

<input type="checkbox"/>	REGULAR	<input type="checkbox"/>	RUSH (\$)
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Mix Test

9 Samples (Quebec)

10 Samples (Ontario)

Chloride

Mineral, please specify: _____

Product description:

Device type:

Serial number:

Tracer:

Proportion:

Mixing time:

Checker:

Additional Information: