



DRUG SAFETY LABORATORY

Drug Safety Laboratory
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Hair Analysis Division

Hair samples intake form	
Received from:	Name: _____ Company: _____
Date received:	DD / MM / YYYY
Number of samples	Code Numbers: _____ To _____
Section length:	1 cm <input type="checkbox"/> 2 cm <input type="checkbox"/> 3 cm <input type="checkbox"/> 4 cm <input type="checkbox"/> Other <input type="checkbox"/> _____
Number of sections:	_____ Along the full length <input type="checkbox"/>
Analysis for:	
Analysis method:	ELISA <input type="checkbox"/> LC-MS <input type="checkbox"/>
Special Instructions	
.....	
Received by:	Signature: