



Chain Of Custody REQUEST FOR ANALYSIS

1 Presley Street, Box 699, Cobalt, ON P0J 1C0
 ☎ (705) 679-5500 Fax: (705) 679-5519
 E-Mail: info@polymetinc.com

Date Received: _____

of Packages: _____

of Samples: _____

CLIENT: Certificate Invoice

Company _____

Address _____

Town/City _____ Prov _____ PC _____

Attn _____

Phone () _____ Fax () _____

Email Address _____

COPY TO: Certificate Invoice

Company _____

Address _____

Town/City _____ Prov _____ PC _____

Attn _____

Phone () _____ Fax () _____

Email Address _____

Type Of Analysis:

- Regular Assay Methods: GeoChem Assay Methods: Other:
- Precious metals oz/ton or g/tonne. Base Metals%* *Au, Ag, PGM + Base metal in PPM*

TYPE OF SAMPLE	SAMPLE NUMBER	Au	Ag	Cu	Pb	Zn	Co	Ni	OTHER ELEMENTS				

Special Instructions/Comments: _____ *Cont'd on Page 2*

Storage & Disposal: *All samples will be discarded if this section is not completed.*

Rejects	Pulps	Return Address
<input type="checkbox"/> Return Immediately	<input type="checkbox"/> Return Immediately	_____
<input type="checkbox"/> Dispose after 6 months	<input type="checkbox"/> Dispose after 6 months	_____
<input type="checkbox"/> Store after 6 months	<input type="checkbox"/> Store after 6 months	_____

Charges may apply for disposal/storage of rejects and pulps after 6 months

Distribution Of Reports:

Fax () _____ Diskette Hard Copy E-Mail _____

Method Of Payment:

Payment is included (*make cheque payable to Polymet Resources Inc.*)

Credit has been established with PolyMet Labs. Payment will be issued after invoice has been received

Client Authorization:

Date _____ Print Name _____ Signature _____



Request for Analysis Cont'd

Client: _____

Page ____ of ____

TYPE OF SAMPLE	SAMPLE NUMBER	Au	Ag	Cu	Pb	Zn	Co	Ni	OTHER ELEMENTS				