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| **THIN SECTION REQUEST FORM** | |
| **Name:** | **Date:** |
| **Email:** | **Tel:** |

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|  | **Sample No.** | **Rock type** | **TS/PS/PTS/PT/FL/OM/**  **GM** | **Blue** | **UV** | **Stain** | **Hazards** | **Other info** |
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Please attach a **Purchase Order** to all request forms if available. If not, please provide details of your accounts payable below:

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| --- | --- |
| Name: | |
| Address: | |
| Tel: | Email: |