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Parcel Order Number (Lab Use Only)	Chain Of Custody (Lab Use Only)
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Client Name:	Project Ref:
Contact Name:	Quote #:
Address:	PO #:
	E-mail:
Telephone:	

Page <u> </u> of <u> </u>
Turnaround Time
<input type="checkbox"/> 1 day <input type="checkbox"/> 3 day
<input type="checkbox"/> 2 day <input type="checkbox"/> Regular
Date Required: <u> </u>

REG 153/04	REG 406/19	Other Regulation	Matrix Type: S (Soil/Sed.) GW (Ground Water) SW (Surface Water) SS (Storm/Sanitary Sewer) P (Paint) A (Air) O (Other)				Required Analysis																			
<input type="checkbox"/> Table 1 <input type="checkbox"/> Res/Park <input type="checkbox"/> Med/Fine <input type="checkbox"/> Table 2 <input type="checkbox"/> Ind/Comm <input type="checkbox"/> Coarse <input type="checkbox"/> Table 3 <input type="checkbox"/> Agri/Other <input type="checkbox"/> Table <u> </u> For RSC: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> REG 558 <input type="checkbox"/> PWQO <input type="checkbox"/> CCME <input type="checkbox"/> MISA <input type="checkbox"/> SU - Sani <input type="checkbox"/> SU - Storm Mun: <u> </u> <input type="checkbox"/> Other:	Matrix	Air Volume	# of Containers	Sample Taken																				
Sample ID/Location Name						Date	Time																			
1																										
2																										
3																										
4																										
5																										
6																										
7																										
8																										
9																										
10																										

Comments:										Method of Delivery:					
Relinquished By (Sign):					Received at Depot:					Received at Lab:				Verified By:	
Relinquished By (Print):					Date/Time:					Date/Time:				Date/Time:	
Date/Time:					Temperature: °C					Temperature:				pH Verified: <input type="checkbox"/> By:	