PARACEL LABORATORIES LTD.

TRUSTED.
RESPONSIVE.
RELIABLE.

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Paracel Order Number
(Lab Use Only)

Chain Of Custody
(Lab Use Only)

Client Name:	Project Ref:	Page __ of __
Contact Name:	Quote #:	**Turnaround Time**
Address:	PO #:	☐ 1 day ☐ 3 day
	E-mail:	☐ 2 day ☐ Regular
Telephone:		Date Required: _____

☐ REG 153/04 ☐ REG 406/19	Other Regulation
☐ Table 1 ☐ Agri/Other ☐ Med/Fine	☐ REG 558 ☐ PWQO
☐ Table 2 ☐ Res/Park ☐ Coarse	☐ CCME ☐ MISA
☐ Table 3 ☐ Ind/Comm	☐ SU - Sani ☐ SU - Storm
☐ Table____	Mun: _____
For RSC: ☐ Yes ☐ No	☐ Other:

Matrix Type: **S** (Soil/Sed.) **GW** (Ground Water) **SW** (Surface Water) **SS** (Storm/Sanitary Sewer) **P** (Paint) **A** (Air) **O** (Other)

	Sample ID/Location Name	Matrix	Air Volume	# of Containers	Field Filtered	Sample Taken		Required Analysis											
						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:** ☐ **By:**