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:
Contact Name:	Quote #:
Address:	PO #:
	E-mail:
Telephone:	

Page ___ of ___

Turnaround Time

☐ 1 day ☐ 3 day
☐ 2 day ☐ Regular

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)

Required Analysis

	Sample ID/Location Name	Matrix	Air Volume	# of Containers	Field Filtered	Sample Taken Date	Sample Taken 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:**