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**

☐ Table 1 ☐ Agri/Other ☐ Med/Fine
☐ Table 2 ☐ Res/Park ☐ Coarse
☐ Table 3 ☐ Ind/Comm
☐ Table____
For RSC: ☐ Yes ☐ No

Other Regulation

☐ REG 558 ☐ PWQO
☐ CCME ☐ MISA
☐ SU - Sani ☐ SU - Storm
Mun: _____
☐ 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:**