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Head Office  
300-2319 St. Laurent Blvd.  
Ottawa, Ontario K1G 4J8  
p: 1-800-749-1947  
e: paracel@paracellabs.com

**Chain of Custody**  
(Lab Use Only)

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**Turnaround Time:**

Immediate       1 Day  
 4 Hour           2 Day  
 8 Hour           3 Day  
 Regular

Date Required:

Client Name:	Project Reference:
Contact Name:	Quote #:
Address:	PO #:
	Email Address:
Telephone:	

**ASBESTOS & MOLD ANALYSIS**

**Matrix:**  Air  Bulk  Tape Lift  Swab  Other      **Regulatory Guideline:**  ON  QC  AB  SK  Other:

**Analysis:**  Microscopic Mold  Culturable Mold  Bacteria GRAM  PCM Asbestos  PLM Asbestos  Chatfield Asbestos  TEM Asbestos

Parcel Order Number:		Sampling Date	Air Volume (L)	Analysis Required	Asbestos - Bulk		
Sample ID					Identify Distinct Building Materials to Be Analyzed * see below	Combine Identified Materials? **see below	Positive Stop?
1					<input type="checkbox"/>	<input type="checkbox"/>	
2					<input type="checkbox"/>	<input type="checkbox"/>	
3					<input type="checkbox"/>	<input type="checkbox"/>	
4					<input type="checkbox"/>	<input type="checkbox"/>	
5					<input type="checkbox"/>	<input type="checkbox"/>	
6					<input type="checkbox"/>	<input type="checkbox"/>	
7					<input type="checkbox"/>	<input type="checkbox"/>	
8					<input type="checkbox"/>	<input type="checkbox"/>	
9					<input type="checkbox"/>	<input type="checkbox"/>	
10					<input type="checkbox"/>	<input type="checkbox"/>	
11					<input type="checkbox"/>	<input type="checkbox"/>	
12					<input type="checkbox"/>	<input type="checkbox"/>	

\* If left blank, Paracel will analyze all materials identified during analysis      \*\* If left blank, Paracel will analyze all materials as individual samples (at additional cost) per EPA 600/R-93/116

Comments:	Method of Delivery:
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Relinquished By (Sign):	Received at Depot:	Received at Lab:	Verified By:
Relinquished By (Print):	Date/Time:	Date/Time:	Date/Time: