



TRUSTED.
RESPONSIVE.
RELIABLE.

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Chain of Custody
(Lab Use Only)

Page ___ of ___

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

Turnaround Time:

1 Day 3 Day

2 Day Regular

Date Required: _____

Criteria: O. Reg. 153/04 (As Amended) Table ___ RSC Filing O. Reg. 558/00 PWQO CCME SUB (Storm) SUB (Sanitary) Municipality: _____ Other: _____

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

Required Analyses

Parcel Order Number:		Matrix	Air Volume	# of Containers	Sample Taken													
					Date	Time												
Sample ID/Location Name																		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

Comments: _____

Method of Delivery: _____

Relinquished By (Sign):	Received by Driver/Depot:	Received at Lab:	Verified By:
Relinquished By (Print):	Date/Time:	Date/Time:	Date/Time:
Date/Time:	Temperature: _____ °C	Temperature: _____ °C	pH Verified [] By: _____