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Parcel Order Number (Lab Use Only)	Chain Of Custody (Lab Use Only)
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Client Name:	Project Ref:	Page <u> </u> of <u> </u> Turnaround Time <input type="checkbox"/> 1 day <input type="checkbox"/> 3 day <input type="checkbox"/> 2 day <input type="checkbox"/> Regular Date Required: _____
Contact Name:	Quote #:	
Address:	PO #:	
	E-mail:	
Telephone:		

Regulation 153/04		Other Regulation		Matrix Type: S (Soil/Sed.) GW (Ground Water) SW (Surface Water) SS (Storm/Sanitary Sewer) P (Paint) A (Air) O (Other)			Required Analysis																
<input type="checkbox"/> Table 1 <input type="checkbox"/> Res/Park <input type="checkbox"/> Med/Fine	<input type="checkbox"/> REG 558 <input type="checkbox"/> PWQO	<input type="checkbox"/> Table 2 <input type="checkbox"/> Ind/Comm <input type="checkbox"/> Coarse	<input type="checkbox"/> CCME <input type="checkbox"/> MISA				Matrix	Air Volume	# of Containers	Sample Taken													
<input type="checkbox"/> Table 3 <input type="checkbox"/> Agri/Other	<input type="checkbox"/> SU - Sani <input type="checkbox"/> SU - Storm	Mun: _____		Date	Time																		
<input type="checkbox"/> Table _____ For RSC: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other: _____																					
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: <input type="checkbox"/> By: _____		