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<b>Parcel Order Number</b>	<b>Chain Of Custody</b> Ontario Drinking Water Samples
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Client Name:	Project Ref:	Waterworks Name:	Samples Taken By:	
Contact Name:	Quote #:	Waterworks Number:	Name:	
Address:	PO #:	Address:	Signature:	
After Hours Contact:	E-mail:		Page ____ of ____	
Telephone:	Fax:	Public Health Unit:	Turn Around Time Required: <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day <input type="checkbox"/> 4 day	

Samples Submitted Under: (Indicate <b>ONLY one</b> ) <input type="checkbox"/> ON REG 170/03 <input type="checkbox"/> ON REG 318/08 <input type="checkbox"/> Private Well <input type="checkbox"/> ON REG 243/07 <input type="checkbox"/> ON REG 319/08 <input type="checkbox"/> Other:	Sample Type: R = Raw ; T = Treated ; D = Distribution; P = Plumbing Source Type: G = Ground Water; S = Surface Water Reportable: Requires AWQI reporting as per Regulation - Y = Yes; N = No	<b>Required Analyses</b>
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Have LSN forms been submitted to MOE/MOHLTC?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sample Type: R/T/D/P Source Type: G/S Reportable: Y/N Resample	SAMPLE COLLECTED DATE                      TIME	# of Containers	Free/Combined Chlorine Residual mg/L	Standing / Flushed: S / F (REG 243)	Total Coliform/E. Coli	HPC	Lead	THM										
Are these samples for human consumption?: <input type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>All information must be completed before samples will be processed.</b>																			

LOCATION NAME	SAMPLE ID	Sample Type: R/T/D/P	Source Type: G/S	Reportable: Y/N	Resample	DATE	TIME	# of Containers	Free/Combined Chlorine Residual mg/L	Standing / Flushed: S / F (REG 243)	Total Coliform/E. Coli	HPC	Lead	THM							
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

Comments:	Method of Delivery:
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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: