



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		PHCs F1-F4+BTEX	VOCs	PAHs	Metals by ICP	Hg	CrVI	B (HWS)						
					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: _____