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

Regulation 153/04		Other Regulation		Matrix Type: <b>S</b> (Soil/Sed.) <b>GW</b> (Ground Water) <b>SW</b> (Surface Water) <b>SS</b> (Storm/Sanitary Sewer) <b>P</b> (Paint) <b>A</b> (Air) <b>O</b> (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	Matrix	Air Volume	# of Containers	Sample Taken		Date	Time												
<input type="checkbox"/> Table 2	<input type="checkbox"/> Ind/Comm	<input type="checkbox"/> Coarse	<input type="checkbox"/> CCME	<input type="checkbox"/> MISA																			
<input type="checkbox"/> Table 3	<input type="checkbox"/> Agri/Other		<input type="checkbox"/> SU - Sani	<input type="checkbox"/> SU - Storm																			
<input type="checkbox"/> Table _____		Mun: _____																					
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: _____			