

Client Name:	Project Ref:	Page __ of __  <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: _____
Contact Name:	Quote #:	
Address:	PO #:	
	E-mail:	
Telephone:		

REG 153/04	REG 406/19	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"/> Table 2 <input type="checkbox"/> Ind/Comm <input type="checkbox"/> Coarse <input type="checkbox"/> Table 3 <input type="checkbox"/> Agri/Other <input type="checkbox"/> Table _____ For RSC: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> REG 558 <input type="checkbox"/> PWQO <input type="checkbox"/> CCME <input type="checkbox"/> MISA <input type="checkbox"/> SU - Sani <input type="checkbox"/> SU - Storm Mun: _____ <input type="checkbox"/> Other: _____	Matrix	Air Volume	# of Containers	Sample Taken															
Sample ID/Location Name						Date	Time													
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Comments:			Method of Delivery:		
Relinquished By (Sign):	Received at Depot:	Received at Lab:	Verified By:		
Relinquished By (Print):	Date/Time:	Date/Time:	Date/Time:		
Date/Time:	Temperature: °C	Temperature:	pH Verified: <input type="checkbox"/> By:		