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Head Office
300-2319 St. Laurent Blvd.
Ottawa, Ontario K1G 4J8
p: 1-800-749-1947
e: paracele@paracellabs.com
www.paracellabs.com

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>
Contact Name:	Quote #:	Turnaround Time <input type="checkbox"/> 1 day <input type="checkbox"/> 3 day <input type="checkbox"/> 2 day <input type="checkbox"/> Regular Date Required: _____
Address:	PO #:	
	E-mail:	
Telephone:		

REG 153/04		REG 406/19		Other Regulation		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																	
<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						Matrix	Air Volume	# of Containers	Sample Taken												
											Date	Time									
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: _____		