

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

www.paracellabs.com

Paracel Order Number (Lab Use Only) Chain Of Custody
(Lab Use Only)

Client Name:						Project Ref:									Pageof								
Contact Name:							Quote #:									Turnaround Time							
Address:						PO #:						☐ 1 day				☐ 3 day							
							E-mail:										☐ 2 day			☐ Regular			
Telephone:																		Date Required:					
REG 153/04 REG 406/19 Other Regulation					N	Matrix Type: S (Soil/Sed.) GW (Ground Water)								De	autinad Amahasia								
☐ Table 1		☐ Res/Park ☐ Med/Fine	☐ REG 558	☐ PWQ0			face V	Vater) SS (Storm/Sa	nitary Sewer)		Required Analysis												
□ та	☐ Table 2 ☐ Ind/Comm ☐ Coarse		□ ссме	☐ MISA			P (P	aint) A (Air) O (Oth	ner)														
□та	able 3	☐ Agri/Other	□ SU - Sani	☐ SU - Storm			ers																
□ Table		Mun:			me	Containers	Sample Taken																
For RSC: ☐ Yes ☐ No ☐ Other:				Matrix	Air Volume	f Cor																	
Sample ID/Location Name			Ma	Air	# of	Date	Time																
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8								1									\vdash			\vdash			
9																							
10																							
Comments:											Method of Delivery:												
														Wietho	od of De	iivery.							
Relinquished By (Sign): Received at Depo				ot:				Received at Lab:					Verifie	ed By:									
Relinquished By (Print): Date/Time:								Date/Time: Date/					Date/1	Fime:									
Date/Time: Temperature:							°C	Temperature: pH V						erified: By:									