



TRUSTED.
RESPONSIVE.
RELIABLE.

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)
---	--

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	Matrix Type: S (Soil/Sed.) GW (Ground Water) SW (Surface Water) SS (Storm/Sanitary Sewer) P (Paint) A (Air) O (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"/> REG 558 <input type="checkbox"/> PWQO <input type="checkbox"/> CCME <input type="checkbox"/> MISA <input type="checkbox"/> SU - Sani <input type="checkbox"/> SU - Storm	Matrix	Air Volume	# of Containers	Sample Taken																
<input type="checkbox"/> Table 3 <input type="checkbox"/> Agri/Other	<input type="checkbox"/> Table <u> </u>	Mun: _____ <input type="checkbox"/> Other: _____				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: <input type="checkbox"/> By: _____		