



BIO-CHEM CONSULTING SERVICES LTD.
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CHAIN OF CUSTODY and ANALYTICAL REQUEST FORM

CONTACT NAME: _____ Job Reference #/Purchase Order #: _____ Page ____ of ____

Company Name: _____
 Address: _____

 Phone/Fax Number: _____ / _____
 e-mail address: _____

Report by: _____
TURN AROUND TIME (TAT)
 Date Required: _____
 _____ REGULAR
 _____ PRIORITY (50% Surcharge)
 _____ RUSH (100% Surcharge)

Hazardous (x)	ANALYSIS REQUESTED									

SAMPLE IDENTIFICATION	Sample Information			No. of Containers	Lab Number
	Sampled By	Date/Time	Matrix		

Additional Information (preservatives, special requests): _____

Relinquished By:	Date:	Received By:	Date:	<u>For Internal (Laboratory) Use Only</u> No. of Coolers/Boxes: _____ Receipt Temp: _____ °C Project Number: _____ Other: _____	WHITE: Report Copy
	Time:		Time:		YELLOW: File Copy
Relinquished By:	Date:	Received By:	Date:		PINK: Client Copy
	Time:		Time:		Rev 1.0: Form026A

- Notes: 1) All **BOLD** fields (Contact Name, Sample Identification, Turn Around Time (TAT), and Analysis Requested) must be completed in order to avoid processing delays.
 2) By relinquishing these samples you are pre-authorizing the laboratory to sublet the samples in whole or in part to an approved facility for analysis(es).
 3) Please indicate in the checkbox any samples deemed hazardous.