

Company Name	_____	_____
Contact Name(s)	_____	_____
Address:	_____	_____
E-mail(s)	_____	_____
Phone(s) & Fax	_____	_____

<b>For Laboratory Use Only</b> (All Greyed Out Fields)	
BC Project No. _____	
Receipt Temp. °C	Receipt Cond.

Client Job	Client Job # / PO No.: _____	AHS Guidelines (MGO):	Yes	No
	Job Location/Address: _____			
	Comments/Special Instructions: _____			

Bio-Chem Sample No.	Client Sample ID's / Descriptions (Descriptions will be truncated/modified to fit report)	Serial No. (If Available)	Volume/Area (Include Units)	Sampled By (Print Initials)	Date & Time (dd/mm/yy hh:mm)	Refer To Tables →			Matrix Codes (Type of Sample)			
						Matrix	TAT	Analysis Code(s)	C: Cassette	B: Bulk/Other	R: RCS	
									SL: Soil	T: Tape	W: Water	S: Swab
									TAT & (Surcharges)			
									R: Regular			
									P: Priority (50%)      Ask for availability of Same Day TAT.			
									E: Emergency (100%)			
									Common Analysis Codes			
									Code	Description		
									ASB	Asbestos (Bulk Only)		
									CASS	Non-Viable Mould (Spore Trap)		
									DIR	Non-Viable Mould (Bulk/Tape)		
									FPCPKG1	Viable Mould to Species (Air-RCS)		
									MPPKG5	HPC, TCC & ECC (Potable Water)		
									HPC	Heterotrophic Plate Count		
									TCC	Total Coliforms (specify MPN / MF)		
									FCC	Fecal Coliforms (specify MPN / MF)		
									ECC	<i>E. coli</i> (specify MPN / MF)		
									Other	Specify		
									Viable samples must be received by 3pm to ensure analysis is setup that day.			

**TERMS & CONDITIONS:**

- ★ This form constitutes a contract for the requested services. A minimum handling fee will be applied if no tests are specified or if requested tests are cancelled later. Laboratory reserves the right to dispose of samples if no information is provided within 72 hours of initial receipt. PRIORITY & EMERGENCY TATs are available for air cassettes, tape mounts, direct exams and asbestos but are subject to the laboratory work load and number of samples being submitted. Additional costs apply.
- ★ All fields above must be completed in order to avoid processing delays. If no TAT is specified by the client, Regular reporting time will apply. Bio-Chem Consulting Services (1980) Ltd. is not responsible for incorrect/incomplete client-provided information.
- ★ By relinquishing your samples you are pre-authorizing the laboratory to sublet the samples in whole or in part to an approved facility for analysis, and agree to Bio-Chem Consulting's payment terms and company policies, which are posted at our Sample Receipt counter and available on our website.
- ★ Client MUST indicate which, if any, samples are hazardous, and provide appropriate WHMIS documentation.

Relinquished By: _____	Date: _____	Received By: _____	Date: _____
	Time: _____		Time: _____