



CASSEN Testing Laboratories

Division of CASSEN Group Inc.

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FOR CASSEN USE ONLY
CASSEN Work Order No:

ANALYTICAL SERVICES REQUEST FORM

Send Report To:

Check if this is a new address

Company:

Address:

City: Province:

Attention: Postal Code:

Phone: Fax:

Email:

Invoice To (if different):

Check if this is a new address

Company:

Address:

City: Province:

Attention: Postal Code:

Phone: Fax:

Email:

Required Turnaround Time

Regular Routine Analysis Turnaround Time (5 Days)*

Open Characterization with Interpretation Requires 8 Days* TAT

8 Hours

24 Hours

48 Hours

72 Hours

Rush Analysis Options (Please Call Ahead)

Project Name / Number

Sampled By:

P.O. Number:

Sampling Data Sheet Attached

Client Sample Number Description/Identification	Date Sampled (DD/MM/YYYY)	Sample Type	Active Sample Volume (L)	Passive Sample Time (mins)	Analysis Requested	Comment	LAB ID (For lab use)

Special Instructions

CHAIN OF CUSTODY	Print Name	Signature	Date (DD/MM/YYYY)	Time	Sample Condition Upon Receipt
Relinquished by:					<input type="checkbox"/> Acceptable
Received by Lab:					<input type="checkbox"/> Other (Explain Below)

Sample Condition
Additional Comments:

* Working days only, please consult the laboratory regarding workload. Samples received after 3:00PM will be treated as next day's samples.
CASSEN's terms and conditions form a part of this contract for services. (See forms section of our website)