



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) |
|--|------------------------------|-------------|-----------------------------|-------------------------------|--------------------|---------|-------------------------|
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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)