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Bulk Material Analysis Request Form

FOR CASSEN USE ONLY CASSEN Work Order:		Send Rep	ort To:			Billing In	formation:	P.O. Num	ber:	
Required Turnaround Time*		Name:				Name:				
Regular Analysis TAT (8-10 days) CASSEN Email Quoted TAT		Company:				Company				
Rush Analysis (Please Contact Lab)		Address:				Address:				
Sample Disposal Instructions ((Required)**	City:		Province:		City:			Province:	
Dispose (TBD by CASSEN)		Phone:		Postal Code:		Phone:			Postal Code:	
Return to Client Courier Name Courier #		Email:				Email:				
Safety Data Sheet (SDS) Attached		Project ID	:							
Client Sample Number Description/Identification	Date Sampled (DD/MM/YYYY)	Bulk M	aterial Type	Analys	sis Requested		Sample [Description	n/Comments	FOR LAB USE ONLY

Additional Information for Sample					FOR CASSEN USE ONLY Sample Condition Upon Receipt
Handling (eg. potentially hazardo	us)				Acceptable Other (Explain Below)
					Sample Condition and Additional Comments:
CHAIN OF CUSTODY	Print Name	Signature	Date (DD/MM/YYYY)	Time	
Relinquished by:					
Received by Lab:					

* Business 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 the 'Forms' section on www.cassen.ca)

**Disposal Fees will be determined by CASSEN based on sample type. Sample Returns will be made if courier information is provided.

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