## CASSEN Testing Laboratories Division of CASSEN Group Inc.

## ANALYTICAL SERVICES REQUEST FORM

	Division of	CASSEN Group Inc.											
	51 International Blvd. Toronto, ON M9W 6H3		Send Rep	Send Report To:			Check if this is a new address			(if different):	Check if this is a new address		
Tel: (416) 6 Fax: (416)		79-9663	Company:	Company:					Company:				_
	Toll Free: 1-866-423-3001 Web: www.cassen.ca  FOR CASSEN USE ONLY CASSEN Work Order No:		Address:						Address:				
			City:	City: Attention:		Province:			City: [ Attention: [		Province:		
			Attention:			Postal Code:					Postal Code:		
					F	ax:			Phone:		Fax:		
			Email:						Email:				
	•							Rush (Ple	Analysis Optior ase Call Ahead)	ıs			
	Regular Routine	Analysis Turnaround Time (5 Day	/s)*	Open Characteriz	zation with Interpr	retation Requires 1	10 Days* TAT	(	8 Hours	24 Hours	48 Hours	72 Hours	
 Project Name / N	umber		Sampl	ed By:			P.O. Nu	ımber:			Sampling	Data Sheet Attac	hed
Client Sample Number Description/Identification		Date Sampled (DD/MM/YYYY)	Sample Type	Sample Type Active Sample Volume (L)		Passive Sample Time (mins)		nalysis Requested		Comment		LAB (For lab	
Г													_
special nstructions													
CHAIN OF CUSTODY		Print Name		Signature			Date (DD/MM/YYYY)			Time		Sample Condition Upon Receipt	
Relinquished by:											Accep	table	
Received by Lab:											Other	(Explain Below)	
			Sample Addition	Condition al Comments:									
Working days only	. please consult the	laboratory regarding worklo	ad. Samples receive	ا d after 3:00PM	will be treated	 I as next dav's ຮ	amples.					1 -	

CASSEN's terms and conditions form a part of this contract for services. (See forms section of our website)