



(C of C) LIMS No: \_\_\_\_\_

Lakefield Research

### Request for Laboratory Services and CHAIN OF CUSTODY (General)

Environmental Laboratory, 185 Concession St., Lakefield, ON, K0L 2H0 Phone: 705-652-2000 Toll Free: 1-877-848-8060 Fax: 705-652-6365 Web: www.sgs.ca

#### Laboratory Section

Sample condition upon receipt: \_\_\_\_\_

Received Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm/dd/yy

Logged-in Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Temperature upon receipt: \_\_\_\_\_ °C

<b>INVOICE TO:</b>	Name: _____		Quote #: ENV2004-_____	
	Company: _____		Attached Parameter List: <input type="checkbox"/> NO <input type="checkbox"/> YES	
	Address: _____		Requested Turnaround Time: <b>Lab App.</b>	
	Email: _____		*24-48h <input type="checkbox"/> 7-10 d <input type="checkbox"/> <input checked="" type="checkbox"/>	
	Phone: _____ Fax: _____		5-7 d <input type="checkbox"/> Other: <input type="checkbox"/> Specify: _____	

<b>Client information</b>	<b>PO No.:</b> _____	<b>Project No.:</b> _____
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<b>Company Name:</b> _____	
<b>Contact Name:</b> _____	<b>Client Lab #:</b> _____
<b>Address:</b> _____	
<b>Work Phone Number:</b> _____	<b>After Hours Phone Number:</b> _____
<b>Fax Number:</b> _____	<b>Email:</b> _____

**Note:** Results will be sent via email to an unlimited number of addresses for no additional fee. In the absence of email, fax is available upon request but limited to one fax number free of charge

Indicate results format (please check one):      Email-PDF       Email-Excel       Fax

	Sample Identifier	Date Sampled	Time	# of Bottles	Analysis Requested								
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Sampled By:</b> _____	<b>Date:</b> _____
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<b>Authorization to Perform Work:</b> _____	<b>Date:</b> ____ / ____ / ____ (mm/dd/yy)
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