KaizenLAB

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CHAIN OF CUSTODY / ANALYTICAL REQUEST FORM

KaizenLAB Job #:

SERVICE REQUESTED

Service	Surcharge	Drilling Waste	Other Services	
Regular	**None**	**2 days**	**2 - 4 days**	☐
Rush	**50%**	**Next day**	**2 days**	☐
Priority	**100%**	**Same day[2]**	**Next day**	☐
Emergency[3]	**200%**	**Weekends[3]**	**Same day[3]**	☐

Notes: TAT: Turnaround Time (by end of day)[1] / PC: Project Coordinator

[1] Above TAT is considered for samples received before 3pm; TAT does not include the day sample is received

[2] Above TAT is considered for samples received before noon, otherwise by noon the next day

[3] Call your PC at regular hours Mon to Sun from 7:30 am to 6:30 pm at 403-297-0699; for afterhours service call (403) 815-5815 and/or email emergency@kaizenlab.ca

PROJECT INFORMATION

Date Required

Client Project

Location / Site

Purchase Order

ANALYSIS REQUESTED

SAMPLE IDENTIFICATION	LAB ID*	DATE SAMPLED	MATRIX

* For laboratory use only

Client:

Contact: Phone:

Email: Fax:

Report Address:

Billing Address:

Special Requests:

Rel. by: Client	Rec. by: Depot	Rec. by: Lab
Date:	Date:	Date:
Time:	Time:	Time:

LABORATORY USE ONLY Sample Condition Upon Receipt:

Frozen ☐ Cold ☐ Ambient ☐ Temperature:

Head Space: YES NO Coolers: S _____ M _____ L _____

All **Bold** fields (Contact Name, Sample Identification, TAT Requested and Analysis Requested) must be completed in order to avoid processing delays.

White - File Copy **Yellow - Lab Copy** **Pink - Client Copy**

Rev: July 2012