KaizenLAB

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CHAIN OF CUSTODY / ANALYTICAL REQUEST FORM

KaizenLAB Job #:

SERVICE REQUESTED (3PM Cut off)

Service	Surcharge	TAT *Business days	
Regular	None	4 days	☐

RUSH TAT (3PM Cut off)

Rush	50%	2 - 3 days	☐
Priority	100%	Next day	☐
Emergency	200%	Weekend/Holiday Same day	☐

Report Date _____ * Please call (403) 815-5815 to coordinate rush analysis

REPORT CONTACT

Company:
Contact:
Emails:
Address:
Phone:

INVOICE CONTACT

Same as Report ☐
Company:
Contact:
Email:
Address:
Phone:

PROJECT DETAILS

Project ID:
Location ID:
P.O. :
Quotation #:

Guideline

☐ AB Tier 1 ☐ BC
☐ CCME ☐ MB
☐ SPIGEC
☐ Drinking Water
☐ D50
☐ Other _____

Client	Depot	Lab
Rel. by:	Rec. by:	Rec. by:
Date:	Date:	Date:
Time:	Time:	Time:
Additional Notes:		LAB USE ONLY Temp: _____

ANALYSIS REQUESTED

LAB ID	SAMPLE IDENTIFICATION	DEPTH	DATE SAMPLED (DD/MM/YYYY)	TIME SAMPLED	MATRIX (SOIL / WATER)											HOLD ANALYSIS	SPECIAL INSTRUCTIONS

Fill out chain of custody completely to avoid processing delays. Gray fields are for lab use only.