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	5 days	☐
Advanced	10%	4 days	☐
Expedited	25%	3 days	☐
Rush	50%	2 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 ☐ D50
☐ Drinking Water
☐ SEQG
☐ 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.