

# A & L CANADA LABORATORIES INC.

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## CHAIN OF CUSTODY



<b>CLIENT NAME:</b>	
Address:	
City:	
Province:	Postal code:
Phone:	Fax:
E-mail:	
Attention:	
P.O. #:	Project #:
Account #	Quote #:

ANALYSIS REQUESTED									

SAMPLING DATE:

W.O.#:

ENTER TEST REQUIRED IN ROWS ABOVE

ITEM #	SAMPLE TYPE	SAMPLE IDENTIFICATION	PLACE AN X IN THE APPROPRIATE BOX BELOW TO INDICATE TEST										LABORATORY USE ONLY			
															LAB #	

LAB RESULTS TO BE RETURNED BY:  Phone  Fax  Courier (client cost)  E-mail  Mail

Analysis Authorized By: \_\_\_\_\_  
 Custody Relinquished By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Received by A&L \_\_\_\_\_ Date: \_\_\_\_\_