

A & L CANADA LABORATORIES INC.

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CHAIN OF CUSTODY



CLIENT NAME:	
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: