



ANALYTICAL SERVICES REQUEST FORM

51 International Blvd.
Toronto, ON M9W 6H3
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Fax: (416) 679-9668
Toll Free: 866-423-3001

FOR CASSEN USE ONLY
CASSEN Work Order No,

Send Report to: Invoice to (if different):
Company Name
Address
City
Province
Postal Code
Attn
Phone
Fax
E-mail
Check if this is a new address

Regular Routine Analysis Turnaround Time (5 Days)\*
Rush Analysis\*: 8 Hours 24 Hours 48 Hours 72 Hours

Open Characterization with Interpretation: TAT: 8 days\*
Sampling Data Sheet Attached: Yes No

Project Name/Number:
Sampled By:
P.O. Number:

Table with 7 columns: Client Sample Number Description/Identification, Date Sampled (D/M/Y), Sample Type, Air Sample Volume (Litres), Lab ID # (Lab Only), Analysis Requested, Comment

Special Instructions:

CHAIN OF CUSTODY table with columns: Print Name, Signature, Date (D/M/Y), Time, Sample Condition Upon Receipt

\* Working days only, please consult the laboratory regarding workload
Samples received after 3:00 PM will be treated as next day's samples