

Requisition for Sample Analysis / Chain of Custody

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|---|---------------|---|------------------|
| Date Received: | | Chemistry Received: | ISO File Number: |
| PRIORITY <input type="checkbox"/> Regular <input type="checkbox"/> RUSH | Collected By: | | PO#: |
| CLIENT INFO | | | |
| Project: | | | |
| Client | | Invoice to (if different) | |
| Name/Company: | | Name/Company: | |
| Street Address: | | Street Address: | |
| City: | | City: | |
| Province/Territory/State: | | Province/Territory/State: | |
| Country: | Postal Code: | Country: | Postal Code: |
| Attn: | Email: | Attn: | Email: |
| Phone: | Fax: | Phone: | Fax: |
| Results E-mail(s): | | Invoice Email (one only, generic institution wide): | |

ANALYSES (Excel Sample list with chemistry must be emailed to eilab@uwaterloo.ca)

| Sample # | Sample Name | Date | Analyses Requested | Remarks |
|----------|-------------|------|--------------------|---------|
| 1 | | | | |
| 2 | | | | |
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| 15 | | | | |

DISPOSAL Note: Samples will be disposed of after analysis unless requested otherwise.

2019-03-21

CASL Consent for UWEilab to maintain contact: _____

Consent can be withdraw at any time by sending an email to eilab@uwaterloo.ca and indicate consent withdrawal. Refer to Privacy Policy (<http://uwaterloo.ca/privacy/>) or contact us (eilab@uwaterloo.ca) for more information.

Signature: _____

Type/print name: _____