

Chain of Custody Submission Form

Job Number: W _____

Name/Business name: <input type="checkbox"/> Regulated Drinking Water Samples					Dropped off by (name):		
Address							
City			Province		Postal Code		
Tell/Cell#:					Sampler (name):		
Email (Invoice):			Email (Results):				
Sample Identification/Lot		Date	Time	# of containers	Comp /Grab	Test Requested	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Sales Invoice SUBTOTAL _____ GST _____ TOTAL _____ GST# 13123 8834 RT0001 Stamp Here		Received Date/Time: Received Temp: Received by:			MB Labs Ltd Courier: 4-2062 W Henry Ave, Sidney, BC, V8L 5Y1 Mail: PO BOX 2103 Stn Main, V8L 3S6, Sidney, BC, V8L 3S6 info@mblabs.com 250-656-1334		