| | BIO-CHEM CONSULTING Services (1980) Ltd. | | N OF CU ione: (403) 253-7 | 026 Fax: (40 #118, 339 | 03) 253-70 – 50 Ave S | | il: CServices AB T2G 2 | @bio-chem | | | Μ | Page _ | of | | |
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| Company Name | | | | | | | | FO | FOR LABORATORY USE ONLY | | | | | | |
| | Address p | | | (If Different) | | | | | | | BC Project No |).: | | | |
| Phone | Address Email(s) e(s) & Fax | · · · · · · · · · · · · · · · · · · · | | Invoice To | | | | | | | Receipt Temp °(| - | Cond.: | Ok 🗆 | |
| Client Job | Client Job No.: | | | | | | | | | | | | | | |
| Bio-Chem Sample No. | | Serial No. | | | Sampled By (Print Initials) | Area Inits) | ate) | Time Sampled ^{Re} | | Refe | r to Tables \rightarrow | | TAT & Surcharges | | |
| | Sample Description | | No. | · Sample Date (dd/mm/yy) | | Volume/Area (Include Units) | Flow Rate (L/min) | On | Off | TAT | Analysis Code(s) | P = (50% S | Regular Priority Surcharge) | Ask for availability of Same Day | |
| | | | | | | | | | | | | (100%) | E = Emergency TAT. (100% Surcharge) | | |
| | | | | | | | | | | | | Common Analysis C Code Descripti | | | |
| within ★ <u>All fiel</u> ★ By reli Sampl ★ Client ★ Bio-Ch | ONDITIONS: orm constitutes a contract for the requested services. A minimum handling fee to 72 hours of initial receipt. PRIORITY & EMERGENCY TATs are available for a dis above must be completed to avoid processing delays. If no TAT is specified inquishing your samples you are pre-authorizing the laboratory to sublet the sar le Receipt counter and available on our website. MUST indicate which, if any, samples are hazardous, and provide appropriate hem always endeavours to deliver quality test results to our clients on time. Ho nquished by: | ir cassettes, tape i by the client, regu nples in whole or i WHMIS document | mounts, direct exams Jar reporting time will in part to an approved ation. ntial capacity issues (| and asbestos but a apply. Bio-Chem C d facility for analysis | are subject to Consulting Se s, and agree | o the laboratory ervices (1980) L to Bio-Chem C es, there may b | work load and td. is not respo onsulting's pay be times when | number of sar insible for inco ment terms an | nples being sub rrect/incomplete d company poli | bmitted. Ao e client-pro icies, whic | dditional costs apply. vided information. n are posted at our | ensur | Airborne Non-Viable I Non-Viable Viable Mould HPC, TCC, E Heterotro Total Coli Fecal Coli <i>E. coli</i> (Sp | stos (Bulk) Pibers (PCM) Mould (Spore-Trap) Mould (Bulk/Tape) Species (Air-RCS) CC (Potable Water) phic Plate Count forms (MPN/MF) forms (MPN/MF) forms (MPN/MF) received by 3pm to iated same day. | |
| | nquisneu by. | | Date: | | Received by: | | | | | | Date: | | | | |
| | | | Time: | | | | | | | Time: | | | | | |