Chain of Custody

LEX Scientific Inc.
2 Quebec Street, Suite 204, Guelph, ON N1H 2T3

Phone: 519-824-7082
Fax: 519-824-5784
lab@lexscientific.com

Contact:

Name

Company

Address

Phone Ext. Fax

Cell e-mail

Project Name/No. P.O. No.

Sampling Date Location

Special Instructions

Send initial results by: Fax ☐ Phone ☐ Cell ☐ e-mail ☐ choose one only

FOR ASBESTOS, BULK, PLM ANALYSIS: **TAT REQUIRED:** **Immediate 6-Hours 1-Day 2-Days 3 - 5 Days**

lab use	Sample ID	Sample Description / Matrix	Layered?	Layering: Describe each layer to be analyzed
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	

Use Page 2(a) for additional PLM samples — Each layer will be charged as a separate analysis

- ☐ Asbestos, Air, PCM
- ☐ Asbestos, TEM, Chatfield
- ☐ Asbestos, TEM, Conventional
- ☐ Asbestos, TEM NOB Gravimetric
- ☐ Fungal Spore, Air-O-Cell, Count, ID
- ☐ Fungal Spore, ID
- ☐ Mould, Culture, Count
- ☐ Mould, Culture, Count, ID
- ☐ Lead
- ☐ Radon
- ☐ Formaldehyde
- ☐ UFFI
- ☐ Particle Size
- ☐ Gravimetric analysis
- ☐ Microscopic analysis
- ☐ SEM/EDXA
- ☐ Other analysis (not listed)

TAT REQUIRED: (Not all TATs are available for all tests. Please contact Sample Reception for information)

Immediate 6-Hours 1-Day 2-Days 3-Days 4-Days 5-Days 6-Days 7 - 10 Days 12-Days 2-Weeks

lab use	Sample ID	Sample Description / Matrix	Additional details for requested analysis

Use Page 2(b) for additional samples

Authorization signature: Date:

(signature and full name must appear on the form for work to proceed)

Chain of Custody

LEX Scientific Inc.

Page: of

Contact:

Name 0

Company 0

Project Name/No.

Sampling Date

Page 2(a) - Use this 2nd sheet for listing samples for ASBESTOS, BULK, PLM Analysis only

Each layer will be charged as a separate analysis

lab use	Sample ID	Sample Description / Matrix	Layered?	Layering: Describe each layer to be analyzed
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	
			No Yes	

Please Initial

Chain of Custody

LEX Scientific Inc.

Page: of

Contact:

Name 0

Company 0

Project Name/No.

Sampling Date

Page 2(b) - 2nd Sheet

lab use	Sample ID	Sample Description / Matrix	Additional details for requested analysis

Please Initial