

**Chain of Custody**



**LEX Scientific Inc.**

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Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Sampling Date \_\_\_\_\_ Client P.O.# \_\_\_\_\_ Quote # \_\_\_\_\_

Project Name \_\_\_\_\_

Special Instructions \_\_\_\_\_

Send initial results by: Fax  Phone  Cell  e-mail

**Use this section for listing samples for ASBESTOS, BULK, PLM ANALYSIS:** **ASBESTOS SAMPLING ONLY**

**TAT REQUIRED: Immediate 6-Hours 1-Day 2-Days 3 - 5 Days** 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	

Use Sheet 2(a) for additional PLM samples

**Use this section for listing samples for all OTHER ANALYSIS:** **OTHER ANALYSIS ONLY**

<input type="checkbox"/> Asbestos, Air, PCM	<input type="checkbox"/> Fungal Spore, Air-O-Cell, Count, ID	<input type="checkbox"/> Lead	<input type="checkbox"/> Particle Size
<input type="checkbox"/> Asbestos, TEM, Chatfield	<input type="checkbox"/> Fungal Spore, ID	<input type="checkbox"/> Radon	<input type="checkbox"/> Gravimetric analysis
<input type="checkbox"/> Asbestos, TEM, Conventional	<input type="checkbox"/> Mould, Culture, Count	<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Microscopic analysis
<input type="checkbox"/> Asbestos, TEM NOB Gravimetric	<input type="checkbox"/> Mould, Culture, Count, ID	<input type="checkbox"/> UFFI	<input type="checkbox"/> SEM/EDXA
			<input type="checkbox"/> 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 2-Weeks**

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

Use Sheet 2(b) for additional samples

Authorization signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature and full name must appear on the form for work to proceed)



