

CANADIAN ANALYTICAL TESTING SERVICES LTD.

Unit 2 - 6344 Kingsway Street, Burnaby, BC V5E 1C5

Tel: (604) 639-4500

www.canantesting.ca

Email: info.canantesting@gmail.com

ANALYTICAL REQUEST FORM

Page: _____ of _____

Company Name:

Contact Name:

Address:

Phone#:

Email:

Invoice To:	
PC:	
Ph:	

Report To:	
PC:	
Ph:	

PO#:
Project #:
Proj. Name:
Location:
Sampler's Initials:

SERVICE REQUESTED:

REGULAR 4 Day Turnaround

1 Day RUSH (100% Surcharge)

3 Day RUSH (25% Surcharge)

Same Day RUSH (200% Surcharge)

2 Day RUSH (50% Surcharge)

REPORT DISTRIBUTION:

E-Mail

Mail

Contact lab for all rush services

Canan Job No.: _____

Bulk Asbestos (NIOSH 9002)

Fibre Counting (NIOSH 7400)

	Sample Identification	Hold	Bulk Asbestos (NIOSH 9002)	Fibre Counting (NIOSH 7400)	Lab Use Only		
					Lab ID	Prep'd By	Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Relinquished By: _____

Date/Time: _____

Received By: _____

Signature: _____

Date/Time: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____

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	Sample Identification	Hold	Bulk Asbestos (NIOSH 9002)	Fibre Counting (NIOSH 7400)	Lab Use Only		
					Lab ID	Prep'd By	Date
13							
14							
15							
16							
17							
18							
19							
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22							
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25							
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27							
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29							
30							

COMMENTS/SPECIAL INSTRUCTIONS: _____

