AXXONLAB INC.
8170 CHEMIN MONTVIEW, SUITE 100
MONT-ROYAL QC H4P 2L7, CANADA
T: 1-888-675-LABO F: 1-888-676-LABO (5226)
info@axxonlab.com www.axxonlab.com

Date: .....

CHAIN OF CUSTODY FORM

CLIENT INFORMATION

Full Name:		Address:	
Company Name:		Phone:	
Project #:		Email:	

RESULTS SUBMISSION (PLEASE CHECK)

Via: Phone ☐ Email ☐ Fax ☐

Language of certificate: English ☐ French ☐ English and French + $25 ☐

SAMPLE DETAILS

Lab ID	Sample Name/#	Identification (Name, description, type, location, flow rate, sampling time, other)	Sampling Date

Stop at first positive: ☐YES ☐NO

METHOD OF PAYMENT

Credit Card :

No. ____ Exp. ____ CVC ____ Purchase Order #: ____

AUTHORIZATION AND SIGNATURE

Authorized By: ____ Signature ____

For laboratory use only:

ANALYSIS REQUESTED											TURN AROUND TIME (TAT)						
ASBESTOS								MICRO-BIOLOGY		OTHER							
IRSST 244				ELAP 198-4	IRSST 243	NIOSH 7402		IRSST 367	IRSST 360								
BULK	VERMICULITE	SOIL	DUST	NOB MATERIAL** (VINYL TILE)	AIR (NORMAL TAT= 24 HOURS)	AIR**		SPORE TRAP	BIO-TAPE/SWAB/BULK	SPECIFY:	ONE WEEK	72 HOURS	48 HOURS	24 HOURS*	6 HOURS*	3 HOURS*	1 HOUR*
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

* The following conditions apply:
1. Prior agreement given by Axxonlab.
2. Number of samples is limited to TAT.
3. Time of reception.

** The sample will be sent directly for a TEM analysis to an external lab.

Special Instructions:

Sample(s) collected by: ..... Reviewed/Approved by: ..... Date: .....