



Radiological Testing Analysis Request Form

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Becquerel Report #: _____

Client name: _____

Address: _____

Phone: _____

Fax/e-mail: _____

Client Reference: _____

Contact: _____

Date Sent: _____

Date Due: _____

Sample Identification	Matrix	Date Sampled	No. of Containers	Analysis Requested

Check here if these are regulatory samples:

MMER

OTHER (please indicate) _____

NOTE THAT ONTARIO WATER SAMPLES FOR HUMAN CONSUMPTION REQUIRE AN ADDITIONAL SPECIAL SUBMITTAL FORM see <http://becquerellabs.com/Packages/Ontario-Drinking-Water.html> for more info

Check here if you want result uncertainty to be reported.

Chain of Custody Record			
Relinquished by:	_____	Date:	_____
Received By:	_____	Date:	_____
Relinquished by:	_____	Date:	_____
Received by:	_____	Date:	_____