AGAT Laboratories

Have feedback? Scan here for a quick survey!

2620 21st Street NE
Calgary, AB
T2E 7L3
P: 403.765.1200

Laboratory Use Only

Arrival Temperature: _____

AGAT Job/WO Number: _____

Notes:

Chain of Custody Record

Emergency Support Services Hotline 1-855-AGAT 245 (1-855-242-8245)

Report Information

Company: _____

Contact: _____

Address: _____

_____

Phone: _____

AGAT Quote #: _____

Client Project #: _____

Report Information

1. Name: _____
   Email: _____
2. Name: _____
   Email: _____
3. Name: _____
   Email: _____

Report Format

- ☐ Single Sample per Page
- ☐ Multiple Samples per Page
- ☐ Excel Format Included
- ☐ Export

Turnaround Time Required (TAT)

Regular TAT ☐

Rush TAT ☐ *Rush surcharges may apply

Date Required: _____

PLEASE CONTACT LABORATORY IF RUSH REQUIRED.
EFFECTIVE DATE CUTOFF - 3PM

Invoice To

Same as above Yes ☐ / No ☐

Company: _____

Contact: _____

Address: _____

_____

Phone: _____

PO/AFE#: _____

Client Special Instructions

_____

_____

_____

_____

_____

_____

	LABORATORY USE (LAB ID #)	SAMPLE IDENTIFICATION	SAMPLE MATRIX	DATE/TIME SAMPLED	COMMENTS - SITE SAMPLE INFO. SAMPLE CONTAINMENT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Client Special Instructions

Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time
Samples Relinquished By (Print Name and Sign):	Date/Time	Samples Received By (Print Name and Sign):	Date/Time

Pink Copy - Client
Yellow Copy - AGAT
White Copy- AGAT

Page _____ of _____

N°:

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