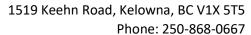




Email: apex@apexehs.ca

TCLP Bulk Samples Chain of Custody Form

CONTACT INFORMATION		PROJECT INFORMATION			
Client Name:			Project Name:		
Client Address:			Project Number:		
City, Province, Postal Code:			Project Address:		
Phone:					
Email:					
CC Email(s):					
SAMPLE INFORMATION					
Number of Samples:	Date Results Required:		equired:		
Priority: \square Five Day Turnaround \square	Thre	e Day Turr	naround Next Day Turnaro	und	
Submitted By:					
BILLING INFORMATION (if different from contact information above)					
Billing Name:	Bi	illing Email	l:		
Billing Address:					
Authorized By:		Date: _			
	_	_			
TO BE COMPLETED BY APEX ONLY		APEX Pro	oject Number:		
Received by:		Date/Tim	me:		
Analyzed by:		Date/Tim	me:		





Email: apex@apexehs.ca

TCLP Bulk Samples

APEX Project Number (APEX Only):	Client Name:	Project Number:
	APEX Project Number (APEX Only):	

Sampling Log				
Sample Number	Laboratory Sample Number (APEX Only)	Colour, Substrate & Location		

^{*}Apex Requires a minimum of 110g of bulk substrate for analysis.