

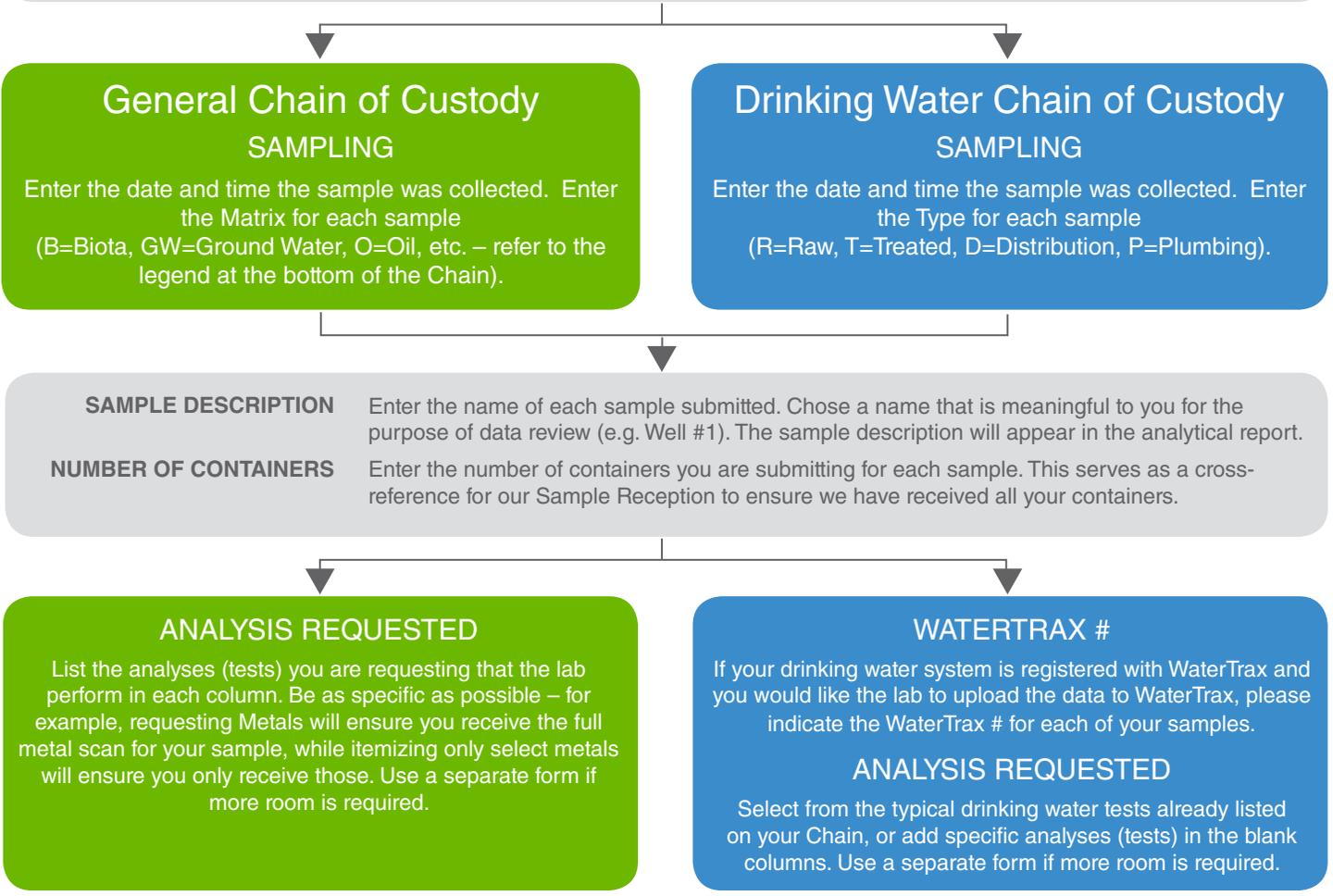
# Guidance on How to Complete Your Chain of Custody

Testmark offers hardcopy and electronic versions of our Chains of Custody. Our electronic versions (Microsoft Excel) are available at our website [www.testmark.ca](http://www.testmark.ca) and allow you to type information directly into the form, save it and file it for future use. Our Customer Service staff can also help you customize your Chains should you require further assistance.

A Chain of Custody is considered a legal document. It serves as a document of the chain of custody of your samples from the time they were taken by the Sampler to receipt at the lab. We offer two versions of our Chains – a “General Chain of Custody Form” and a “Drinking Water Chain of Custody Form”. If you are submitting a sample for analysis under a drinking water regulation or standard, please use the Drinking Water Chain as it captures extra information required for that submission.

Below is a brief overview of the critical fields contained in our Chains to assist you in completing these forms:

| SECTION                 | DESCRIPTION   |
|-------------------------|---|
| <b>REPORT TO</b>        | Correspondence and analytical results will be sent to this contact/address.   |
| <b>INVOICE TO</b>       | Invoices pertaining to the work performed on the Chain will be sent to this contact/address. Only complete this section if the invoice contact/address is different from the Report contact/address. Note that a minimum bill of \$35 plus tax applies per Work Order.  |
| <b>TESTMARK QUOTE #</b> | If you received a specific quote for your submission, please reference the quotation number in this field to ensure our automated billing system captures any preferred unit rates afforded.  |
| <b>CLIENT P.O. #</b>    | If applicable, include your purchase order number for your submission. This number will then be referenced on the analytical results, on the invoice and will populate the subject line of the report transmission email.   |
| <b>CLIENT PROJECT #</b> | If applicable, indicate any specific project numbers/names. This information will then be referenced on the analytical results and on the invoice.  |
| <b>REPORTING FORMAT</b> | Indicate the method by which you wish to receive the report and invoice when the work is complete. Select email if you wish to have an electronic copy of the data in pdf and in Microsoft Excel. Note that requests for mailed copies are subject to a \$2.50 mail fee.  |
| <b>TURNAROUND TIMES</b> | Please indicate your desired turnaround time (TAT) for this submission. Standard TAT is 5-7 business days. ASAP, 1-, 2- and 3-business day RUSH service is available at additional cost and should be prearranged in advance so we can allocate instrument time. Some tests require more than 1, 2 or 3 days to complete due to their methodology. Any submissions received after 3pm at the lab will be considered to have been received the next business day for the purpose of TAT. |
| <b>QC DATA REPORTED</b> | Indicate if you'd like your report to include the laboratory Quality Control data for your samples. There is no additional fee for the inclusion of this information.   |
| <b>SAMPLE DISPOSAL</b>  | Indicate whether the samples are to be disposed of by the laboratory or returned to the Company Contact. NOTE: Testmark reserves the right to return all samples, at the client's expense, that are considered hazardous or that pose particular disposal problems. Samples are routinely held for a minimum of 30 days. Samples may be stored for longer at a rate of \$5.00/ month/sample upon client request.  |



CONTINUED ON THE OTHER SIDE

### METALS FIELD FILTERED?

If you are submitting water for metals analysis, use this field to indicate if you have field filtered your sample. This will assist the lab in selecting the most suitable form of metals analysis for your samples.

### FIELD PH/FIELD TEMP

Indicate the field pH and/or field temperature for each sample if applicable. These values will appear on your analytical report and are required for the calculation of unionized ammonia (if applicable).

### RESIDUAL CHLORINE

Indicate the free and/or residual field chlorine values for each sample if applicable. These values will appear on your analytical report.

**LABORATORY USE ONLY** Do not mark in shaded area.

### HIGH CONCENTRATIONS EXPECTED

Check this box if you expect a high concentration for your sample. This will assist the lab in optimizing the analysis of your sample.

### ADVERSE/EXCEEDANCE INFO.

Include the name and contact numbers for the person at your facility to be contacted in the event of an adverse or exceedance on a water quality result.

### REGULATION

Choose the regulation under which the work should be performed. If applicable, your analytical report will include a direct comparison of your results to the regulatory limit. If you are not submitting under a regulation or standard, select "None."

### REGULATION

If applicable, indicate the Water Works number issued by the MOECC or Public Health Unit for your drinking water system. Choose the regulation under which the work should be performed. If you are testing from a licensed drinking water system, indicate that you have submitted the required Laboratory Services Notification form to the MOECC/PHU. Indicate if any of the samples submitted are for human consumption. Indicate if any of the results for the submission are reportable under O. Reg. 170/319. A bypass/offline sampling event should be clearly indicated as being not for human consumption and not reportable.

### O. REG. 170/319 ONLY

Provide the name and contact information of your local Public Health Unit to assist the lab in contacting them should an adverse or exceedance result occur.

### COMMENTS/FIELD NOTES

Record any comments regarding the samples, including special analytical requirements or knowledge that the samples may or do contain a known hazard (PCB's, asbestos etc.)

### SAMPLED BY

The person who collected the sample(s) signs this box along with the date and time.

### RECEIVED BY

The person who receives the sample(s) from the Sampler signs this box and records the date and time.

### RELINQUISHED BY

The person who relinquished the sample(s) to Testmark or to a third-party courier service signs this box and records the date and time. This may be the same person as the Sampler or Received By.

### SHIPPED BY

Testmark personnel complete this section indicating how the samples were shipped to the lab (e.g. delivered by hand, Purolator, FedEx etc.) and any relevant shipping waybill reference numbers.

### RECEIVED AT TESTMARK BY

The Testmark personnel who receives the sample(s) signs here and records the date and time the samples were accepted into his/her custody

ANY QUESTIONS? PLEASE CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE FOR FURTHER ASSISTANCE.



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