HORIZON LAB

ANALYSIS REQUEST / CHAIN OF CUSTODY RECORD

Horizon Customer ID: _____

Customer Information:

Name: _____
Address: _____
_____
Tel: _____
Email:

Service Requested:

- Regular ☐
- Rush (50%) ☐
- Emergency (minimum rush fee or 100%) ☐

Payment Information

☐ Cash ☐ Cheque ☐ Debit ☐ MC ☐ VISA

Card #: _____

Exp date _____ CVV Code: _____

Amount: _____

☐ Invoice

Quotation Number: _____

Account Number _____

Lab Sample ID	Sample Description	Date Sampled	Time Sampled	Sample Temp (°C)	Test Package: Total Coliforms (MF)	Test Package: Pseudomonas (MF)	Test Package	Test Package	Test Package	Test Package	Test Package	Test Package	Test Package
			_____ ☐ AM ☐ PM		TC	PSA							
			_____ ☐ AM ☐ PM										
			_____ ☐ AM ☐ PM										
			_____ ☐ AM ☐ PM										
			_____ ☐ AM ☐ PM										
			_____ ☐ AM ☐ PM										
			_____ ☐ AM ☐ PM										

For Lab Use Only:

Received By: _____ Time: _____

Date: _____ Bacteria Batch ID: _____

Sample Received in Good Condition:

☐ YES ☐ NO (Sign F143)

Lab Comments:

DISCLAIMER:

Horizon Lab does not provide advice or consultation with respect to the test results. For water, please contact the Manitoba Water Stewardship Office of Drinking Water at (204) 945-5762 if you need information. According to The Personal Information Protection and Electronic Documents Act (PIPEDA), Horizon Lab is committed to maintaining confidentiality of information collected.

LIABILITY WAIVER:

Limitation of liablility. In no event shall Horizon Lab Ltd. or its partners, employees, agents or affiliates be liable for damages of any kind including, without limitation, any direct, special, indirect, punitive, incidental or consequential damages including, without limitation, any loss or damages in the nature of or relating to lost business or lost profits arising from your use of or reliance upon any test performed by Horizon Lab Ltd. regardless of the cause and whether arising in contract (including fundamental breach), tort (including negligence), or otherwise.

By signing this form you acknowledge you have read and understand the conditions set out above.

Customer Signature: _____

**Note: For B1 and B2 samples received betwen 30 and 45 hours from collection time, only a presence absence test will be performed for the Total Coliform and E.Coli. If this is not acceptable check here ☐ and your sample will be discarded if over 30 hours.

Water Sample Requirements:

- Samples for Total Coliform and *E. coli* bacteria must be submitted in sterile bottles supplied by Horizon Lab.
- Samples for Total Coliform and *E. coli* bacteria must be kept cool and all efforts should be made so that the sample arrives to the Laboratory within 24 hours of sampling.
- Samples received after 30 hours will only have presence / absence result
- Samples will not be tested after 48 hours from the time of sampling.

DO NOT allow sample to freeze. If sample arrives frozen, or if there is evidence of freezing, sample will be rejected and customer will be contacted.

Water Sample Instructions for Coliform and *E.coli* tests:

Please follow these instructions when collecting a sample:

1. Remove the plastic seal from the sterile sample bottle and unscrew the cap (do not touch the inside of the cap or bottle).
2. **DO NOT** rinse the bottle.
3. Fill to 100-ml line indicated on the bottle.
4. Cap the bottle, being careful not to contaminate the cap.
5. Write the date and time of sampling on the label of the bottle.
6. Keep the sample cool and submit to the lab.
7. Ship to Horizon Lab Ltd. via preferred courier. (**DO NOT** use any **Canada Post** service option for these time and temperature sensitive samples.)

** Samples received up to 30 hours from collection time will have a quantitative result (Ex. 45 MPN). Samples received between 30 hours and 45 hours will have a qualitative result (Ex. Coliform Bacteria Present). If Not acceptable is checked off, testing will not be performed and customers will receive notification either by phone or email.