

**#110-4011 Viking Way, Richmond, BC V6V 2K9**

**#102-3677 Highway 97N, Kelowna, BC V1X 5C3**

**17225 109 Avenue NW, Edmonton, AB T5S 1H7**

**#108-4475 Wayburne Drive, Burnaby, BC V5G 4X4**

**By engaging our services, you are agreeing to CARO's Standard Terms and Conditions outlined here: <https://www.caro.ca/terms-conditions>**

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| <b>REPORT TO:</b><br>COMPANY: _____<br>ADDRESS: _____<br>_____<br>CONTACT: _____<br>TEL/FAX: _____<br>DELIVERY METHOD: EMAIL <input type="checkbox"/> ONLINE <input type="checkbox"/> OTHER* <input type="checkbox"/><br>DATA FORMAT: EXCEL <input type="checkbox"/> WATERTRAX <input type="checkbox"/> ESdat <input type="checkbox"/><br>EQuIS <input type="checkbox"/> BC EMS <input type="checkbox"/> OTHER* <input type="checkbox"/><br>EMAIL 1: _____<br>EMAIL 2: _____<br>EMAIL 3: _____ |  | <b>INVOICE TO:</b> SAME AS REPORT TO <input type="checkbox"/><br>COMPANY: _____<br>ADDRESS: _____<br>_____<br>CONTACT: _____<br>TEL/FAX: _____<br>DELIVERY METHOD: EMAIL <input type="checkbox"/> ONLINE <input type="checkbox"/> OTHER* <input type="checkbox"/><br>EMAIL 1: _____<br>EMAIL 2: _____<br>EMAIL 3: _____<br>PO #: _____ |  |
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| RELINQUISHED BY:                                                                                                                                                                                           | DATE: | RECEIVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE: |
|                                                                                                                                                                                                            | TIME: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TIME: |
| <b>TURNAROUND TIME REQUESTED:</b><br>Routine: (5-7 Days) <input type="checkbox"/><br>Rush: 1 Day* <input type="checkbox"/> 2 Day* <input type="checkbox"/> 3 Day* <input type="checkbox"/><br>Other* _____ |       | <b>REGULATORY APPLICATION:</b> Show on Report <input type="checkbox"/><br>Canadian Drinking Water Quality <input type="checkbox"/> BC WQG <input type="checkbox"/> BC HWR <input type="checkbox"/><br>BC CSR Soil: WL <input type="checkbox"/> AL <input type="checkbox"/> PL <input type="checkbox"/> RL-LD <input type="checkbox"/> RL-HD <input type="checkbox"/> CL <input type="checkbox"/> IL <input type="checkbox"/><br>BC CSR Water: AW <input type="checkbox"/> IW <input type="checkbox"/> LW <input type="checkbox"/> DW <input type="checkbox"/><br>CCME: _____ Other: _____ |       |
| <b>*Contact Lab To Confirm. Surcharge May Apply</b>                                                                                                                                                        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |
| PROJECT NUMBER / INFO:                                                                                                                                                                                     |       | A: Biohazard      D: Asbestos      G: Strong Odour<br>B: Cyanide      E: Heavy Metals      H: High Contamination<br>C: PCBs      F: Flammable      I: Other (please specify*)                                                                                                                                                                                                                                                                                                                                                                                                             |       |

**\*\* If you would like to sign up for ClientConnect and/or EnviroChain, CARO's online service offerings, please check here: ☐**

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| <b>SHIPPING INSTRUCTIONS:</b><br>Return Cooler(s) <input type="checkbox"/><br>Supplies Needed: | <b>SAMPLE RETENTION:</b><br>30 Days (default) <input type="checkbox"/><br>60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/><br>Other (surcharges will apply): | <b>* OTHER INSTRUCTIONS:</b>                                                                                                    | <b>SAMPLE RECEIPT CONDITION:</b><br>COOLER 1 (°C): _____ ICE: Y <input type="checkbox"/> N <input type="checkbox"/><br>COOLER 2 (°C): _____ ICE: Y <input type="checkbox"/> N <input type="checkbox"/><br>COOLER 3 (°C): _____ ICE: Y <input type="checkbox"/> N <input type="checkbox"/><br>CUSTODY SEALS INTACT: NA <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> |
|                                                                                                |                                                                                                                                                                               | If you would like to talk to a real live Scientist about your project requirements, please check here: <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                      |