



CHAIN OF CUSTODY

Submission Form

Droycon Bioconcepts Inc.
 315 Dewdney Ave.
 Regina, SK
 S4N 0E7
 Canada

ph: (306) 585-1762
 fax: (306) 585-3000
 E-Mail: Sales@DBI.ca

CLIENT INFORMATION

Company _____
 Address _____

 City _____ Prov./St. _____
 Postal Code/Zip _____
 Client Contact _____
 Phone # _____
 Fax # _____
 E-Mail _____
 Client Project # _____
 Sampled By _____

BILLING INSTRUCTIONS

Company _____
 Address _____

 City _____ Prov./St. _____
 Postal Code/Zip _____
 Client Contact _____
 Phone # _____
 Fax # _____
 Send Report: Fax E-Mail(pdf)
 Purchase Order # _____

REQUEST

	ALGE	APB	DN	FLOR	HAB	IRB	N	SLYM	SRB	LPC (Laser Particle Count)	TOTAL COLIFORM	FECAL COLIFORM

No.	SAMPLE NUMBER	SAMPLE DESCRIPTION	SAMPLE DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

COMMENTS _____

Relinquished By: _____ Date/Time _____ Relinquished To: _____ Date/Time _____

Relinquished By: _____ Date/Time _____ Relinquished To: _____ Date/Time _____

All samples will be Disposed of following testing termination