

CUSTOMER INFORMATION

Company: _____

Contact: _____

Address: _____

P.O. Number (if required): _____

Invoice To: _____

Phone: _____

Email: _____

Ship to: **5 Sea Rose Avenue**
St. John's, NL A1A 0P6

Telephone: **(709) 726 – 9345 ext. 223**

Please send completed CoC's to: **submissions@avalonlaboratories.ca**

Sample ID*	Date/Time Collected	Collected By	Analysis Requested													Additional Info		
			<input type="checkbox"/> Grab <input type="checkbox"/> Composite	LT ₅₀ – Daphnia	LT ₅₀ – Rainbow Trout	LT ₅₀ – Threespine Stickleback	LC ₅₀ – Daphnia	LC ₅₀ – Rainbow Trout	LC ₅₀ – Threespine Stickleback	Microtox – Sediment	Microtox – Liquid	Amphipod	Polychaete	pH	Ammonia	Metals	Other:	Lab ID
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

*Reported as noted on CoC (i.e. batch, production date, etc.)

For Internal Use Only:

Received by:	Date / Time:	Arrival Temperature (°C):	Condition: <input type="checkbox"/> Accept <input type="checkbox"/> Reject (see SIF: C-0005)	Project No.:
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