

# INSTRUCTIONS C29 ALDICARB IN WATER

## 1.0 Sample Reception

- 1.1 Check that all the samples for which you are registered are accounted for. All breakages and shortages must be reported within 24 hours of sample receipt.
- 1.2 Store samples at  $4\pm 2^{\circ}\text{C}$  upon receipt. Extract within 7 days of sample receipt.
- 1.3 Check that all the parameters for which you are registered are correctly identified on the web data entry report form.
- 1.4 Inquiries regarding samples and their shipment may be directed to:

Anthony Bertucci or Ken McGuinness  
Delta Scientific Lab Prods Ltd  
Phone: 905-629-4545 (EXT-22, Anthony; EXT-24, Ken)  
Fax: 905-629-7249  
Email: [abertucci@delta-sci.com](mailto:abertucci@delta-sci.com)  
[kmcguinness@delta-sci.com](mailto:kmcguinness@delta-sci.com)

cc: Erinn Cummins, CALA Program Administrator  
fax: 613-233-5501  
email: [ecummins@CALA.ca](mailto:ecummins@CALA.ca)

Inquiries must be made by facsimile or email only. Use the Nonconformance Form (see reverse) when sending a fax. Please include your CALA membership number on all correspondence.

## 2.0 Sample Analysis

- 2.1 Sample concentration ranges are an interval below approximately  $10\ \mu\text{g/L}$ .
- 2.2 Proceed with testing using the routine analytical method identified in your recent application to the CALA program.

## 3.0 Reporting Results

- 3.1 Results must be reported by midnight of the study deadline (see the General Proficiency Testing Information sheet for details).
- 3.2 Report RDL (optional) if you want RDL accounted for in z scores.

## 4.0 Safety

- 4.1 The PT samples are designed for use by laboratory professionals familiar with environmental samples and potentially hazardous materials.

# PT SAMPLE NON-CONFORMANCE FORM

Attn: PT non-conformances

Study Number:

**ENSURE THAT SAMPLES RECEIVED MATCH REPORT FORMS**

## 1 - Laboratory Information

Contact Name:

Laboratory NameLaboratory AddressContact Telephone #Contact Facsimile #Contact e-mail:

## 2 - Sample Details

Date & Time of Arrival(YYYY,MM,DD,HH:MM):Tracking Number:Test Groups Received (e.g. C1 , C2 etc.):Number of Boxes:

## 3 - Description of Nonconformance

## 4 - Requested Action

## 5 - PT Provider Notes