



# Hill Laboratories

TRIED, TESTED AND TRUSTED

## ANALYSIS REQUEST

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### Client

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Client Reference \_\_\_\_\_

Additional Client Ref \_\_\_\_\_

Quote No \_\_\_\_\_ Order No \_\_\_\_\_

### Primary Contact

### Submitted By

### Charge To

**Reporting** Reports will be emailed to the Primary Contact by default.  
 Additional Reports will be sent as specified below

- Email Primary Contact       Email Client
- Email Submitter     Email Other: \_\_\_\_\_
- Fax Results to: \_\_\_\_\_
- Mail Results to: \_\_\_\_\_

**Office use only:**    Job No: \_\_\_\_\_

## CHAIN OF CUSTODY RECORD

**Sent to Hill Laboratories**      Date & Time: \_\_\_\_\_

Please tick if you require COC to be sent back

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Received at Hill Laboratories**      Date & Time: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Condition**      Temp: \_\_\_\_\_

Room Temp     Chilled     Frozen

Sample and Analysis details checked

Signature: \_\_\_\_\_

**Priority**

Low       Normal       High

Urgent (ASAP, extra charge applies, please contact lab first)

Requested Reporting Date: \_\_\_\_\_

## ADDITIONAL INFORMATION

## GENERAL SUBMISSION FORM

No.	Sample Name	Sample Date and Time	Tests Required
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			