



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

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

- Email Primary Contact Email Submitter
- Email Client Email Other _____
- Mail Results _____

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

PHOSPHATE IN AVOCADO ROOT

Sample No:	Sample Details	Sample Depth	Root Quality E = Excellent A = Average P = Poor	Tree Quality E = Excellent A = Average P = Poor	Tree Age	Time Since Application
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Please tick if you do NOT want a copy of results sent to the Avocado Industry Council