



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

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: _____
 Name: _____
 Signature: _____
 Please tick if you require COC to be sent back

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

MYCOTOXINS

| Sample No: | Sample Details | AFLA | TRIC | OCHR | FUMO | Other tests (please specify) |
|------------|----------------|------|------|------|------|------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Test Notes: **AFLA** (Aflatoxin – Aflatoxin B1, Aflatoxin B2, Aflatoxin G1 and Aflatoxin G2), **TRIC** (Tricothecenes and Zearalenone – Nivalenol (Niv), Deoxynivalenol (Don), Neosolaniol, 3-acetyl-Don, 15-O-4-Don, HT-2-Toxin, T-2 Toxin, Zearalenone (Zen)), **OCHR** (Ochratoxin – Ochratoxin A), **FUMO** (Fumonisin – Fumonisin B1, Fumonisin B2).