



**Quote No** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_

**Submitted By** \_\_\_\_\_

**Client Name** \_\_\_\_\_

*Address* \_\_\_\_\_

*Postcode* \_\_\_\_\_

*Phone* \_\_\_\_\_ *Mobile* \_\_\_\_\_

*Email* \_\_\_\_\_

**Charge To** \_\_\_\_\_

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

*Order No* \_\_\_\_\_

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

*Email Primary Contact*     *Email Submitter*     *Email Client*

*Email Other* \_\_\_\_\_

*Other* \_\_\_\_\_

**Contact Supplied Information**

*Job No* \_\_\_\_\_ *Site* \_\_\_\_\_

*Date Sampled* \_\_\_\_\_ *Sampled By* \_\_\_\_\_

**ADDITIONAL INFORMATION**

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**ANALYSIS REQUEST**

R J Hill Laboratories Limited  
 Ground Floor, 28 Heather Street  
 Parnell  
 Auckland 1052, New Zealand

☎ **0508 HILL LAB** (44 555 22)  
 +64 7 858 2000  
 ✉ mail@hill-labs.co.nz  
 🌐 www.hill-labs.co.nz

**Office use only**  
**(Job No)**

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**CHAIN OF CUSTODY RECORD**

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

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

*Tick if you require COC to be emailed back* *Signature:* \_\_\_\_\_

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

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

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

**Asbestos Testing**

No.	Sample Name / Location	Cowl No.	Start Time (HH:MM)	Start Flow Rate (L/min)	End Time (HH:MM)	End Flow Rate (L/min)	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							