



ANALYSIS REQUEST

R J Hill Laboratories Limited
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 Hamilton 3240, New Zealand

Office use only
(Job No)

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 ☎ +64 7 858 2000
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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

CHAIN OF CUSTODY RECORD

Sent to

Hill Laboratories

Date & Time:

Name:

Tick if you require COC
 to be emailed back

Signature:

Received at

Hill Laboratories

*(Refer to Lab created Job
 No above)*

Date & Time:

Name:

Signature:

Condition

Room Temp Chilled Frozen

Temp:

ADDITIONAL INFORMATION / KNOWN HAZARDS

Priority Low Normal High

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

Requested Reporting Date: _____

No.	Sample Name	Sample Date	Sample Time	Sample Type	Tests Required (if not as per Quote)
1					
2					
3					
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12					

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No.	Sample Name	Sample Date	Sample Time	Sample Type	Tests Required (if not as per Quote)
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