



**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

## ANALYSIS REQUEST

R J Hill Laboratories Limited  
 1/17 Print Place  
 Middleton  
 Christchurch 8024, New Zealand

**Office use only  
(Job No)**

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

## 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**

*Date & Time:*

*Name:*

*Signature:*

**Condition**

- Room Temp   
  Chilled   
  Frozen

**Temp:**

- Sample and Analysis details checked

*Signature:*

**Priority**     Normal

## ADDITIONAL INFORMATION / KNOWN HAZARDS

## MICROBIOLOGICAL TESTING

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