

## ANALYSIS REQUEST

R J Hill Laboratories Limited 28 Duke Street, Hamilton 3204 Private Bag 3205

Quote No		Private Ba			and			
Primary Contact		Hamilton 3240, New Zealand				Office use only (Job No)		
Submitted By			HILL LA 858 20	<b>AB</b> (44 5 00	(JOD NO)			
Client Name		E mail@hill-labs.co.nz W www.hill-laboratories.com						
Address								
	Postcode		UHA	IIN U	F CU	ISTODY RECORD		
Phone Mobile		Sent to Hill Laboratories  Tick if you require COC to be emailed back			Date & Time:			
Email					Name:			
Charge To					Signature:			
Client Reference		Received at Hill Laboratories			Date & Time:			
Order No		Hill Lar	orato	ries	Name	:		
Results To  Reports will be emailed to Primary Contact by default.  Additional Reports will be sent as specified below.					Signa	ture:		
☐ Email Primary Contact ☐ Email Submitter ☐ Email Client		Condition Temp:						
☐ Email Other		☐ Room Temp ☐ Chilled ☐ Frozen						
Other		☐ Sample and Analysis details checked						
ADDITIONAL INFORMATION / KNOWN HAZARDS		Signature:						
			Priority					
□ Urç					AP, extra	charge applies, please contact lab first)		
			Requested Reporting Date:					
MYCOTOXINS								
Sample No:	Sample Details	AFLA	TRIC	OCHR	FUMO	Other tests (please specify)		
1								
2								
3								
4								
5								

No:	Sample Details	=	0	ī	(please specify)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Test Notes:	AFLA (Aflatoxin – Alfatoxin 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 (Fumonisins – Fumonisin B1, Fumonisin B2).