



## ANALYSIS REQUEST

R J Hill Laboratories Limited  
28 Duke Street, Hamilton 3204  
Private Bag 3205  
Hamilton 3240, New Zealand

**Office use only  
(Job No)**

**T** 0508 HILL LAB (44 555 22)  
**T** +64 7 858 2000  
**E** mail@hill-labs.co.nz  
**W** www.hill-laboratories.com

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					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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No.	Sample Name	Sample Date	Sample Time	Sample Type	Tests Required (if not as per Quote)
13					
14					
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