



Hill Laboratories

TRIED, TESTED AND TRUSTED

Client

Name _____

Address _____

Postcode _____

Phone _____ Email _____

Client Reference _____

Additional Client Ref _____

Quote No _____ Order No _____

Primary Contact _____

Submitted By _____

Charge To _____

Reporting Reports will be emailed to the Primary Contact by default.
Additional Reports will be sent as specified below

Email Primary Contact Email Client Email Submitter

Email Other/s: _____

ANALYSIS REQUEST

R J Hill Laboratories Limited
Grovetown Park
State Highway 1
Blenheim 7202, New Zealand

Phone: + 64 (3) 579 2270
Fax: + 64 (3) 579 2210
Email: mail@hill-labs.co.nz
Web: www.hill-labs.co.nz

Office use only: Job No: _____

CHAIN OF CUSTODY RECORD

Sent to Hill Laboratories Date & Time: _____
Name: _____
Signature: _____
 Please tick if you require COC to be sent back

Received at Hill Laboratories Date & Time: _____
Name: _____
Signature: _____

Condition Temp: _____
 Room Temp Chilled Frozen

Sample and Analysis details checked
Signature: _____

Priority (Select Only One)

Normal Urgent

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

ADDITIONAL INFORMATION

SUBMISSION FORM: WINE EXPORT CERTIFICATION

Please indicate the Countries required for each sample with a ✓

No.	Sample Details	Only Sorbic	EU	Brazil	Japan	Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						