



ANALYSIS REQUEST

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 _____

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 Parnell
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T +64 7 858 2000
E mail@hill-labs.co.nz
W www.hill-laboratories.com

Office use only

(Job No)

CHAIN OF CUSTODY RECORD

Sent to Hill Laboratories *Date & Time:* _____

Name: _____

Tick if you require COC to be emailed back

Signature: _____

Samples will be processed at a Hill Laboratories site with the appropriate testing capability and capacity. Please inform the Laboratory if you wish samples to be retained and analysed at the site of receipt.

Received at Hill Laboratories *Date & Time:* _____

Name: _____

Signature: _____

ADDITIONAL INFORMATION

Priority
 Low
 Normal
 High
 Urgent (ASAP extra charge applies, please contact lab first)

Requested Reporting Date: _____

Please ensure all asbestos samples are individually double bagged upon submission to the laboratory.

No.	Sample Name	Sample Material	Sample Location	Sample Date	Tests Required (if not as per Quote)
1					
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