



Hill Laboratories

TRIED, TESTED AND TRUSTED

ANALYSIS REQUEST

R J Hill Laboratories Limited
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New Zealand

Office use only
(Job No)

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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

Dates of testing are not routinely included in the Certificates of Analysis.
Please inform the Laboratory if you would like this information reported.

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

Low

Normal

High

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

Requested Reporting Date:

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					