



# Hill Laboratories

TRIED, TESTED AND TRUSTED

## ANALYSIS REQUEST

R J Hill Laboratories Limited  
 101c Waterloo Road  
 PO Box 16607, Hornby  
 Christchurch 8441, 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 \_\_\_\_\_

*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** **Temp:** \_\_\_\_\_

Room Temp     Chilled     Frozen

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					