



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

Date & Time:

Name:

Signature:

Condition

- Room Temp Chilled Frozen

Temp:

ADDITIONAL INFORMATION

Priority High Urgent

Note: for Urgent extra charge applies, please contact lab first

Each sample will be reported separately

Avocado Pesticide Residue Testing

No	PPIN #	Grower name	Block ID (List separately eg. 1,2,3,4)	Sample Date/Time	Test Profiles			
					AVO1 (GC)	AVO2 (LC)	AVO3 (GC+LC)	Phosphorus Acid
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>