



ANALYSIS REQUEST

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Office use only
(Job No)

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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:

- Sample and Analysis details checked

Signature:

Priority

Low

Normal

High

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

Requested Reporting Date:

ADDITIONAL INFORMATION

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					