



ANALYSIS REQUEST

R J Hill Laboratories Limited
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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					