



# Hill Laboratories

TRIED, TESTED AND TRUSTED

## ANALYSIS REQUEST

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**Office use only**  
**(Job No)**

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

## Wine Analysis - Hamilton

No.	Sample Name	Sample Date / Time	MR1	MR2	Thiols	Methoxy pyrazines	Basic Elements	Casein (Milk Protein)	Albumin (Egg Protein)	Glycol	Hydraulic Oil	Other (Please specify)
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Test Codes:

MR1 (Multi Residue Suite 1), MR2 (Multi Residue Suite 2), Thiols (3-MH, 3-MHA, 4-MMP), Methoxypyrazines (IBMP, IPMP, SBMP), Basic Elements (TN, Ca, Mg, K, P, Na, S, Fe, B, Cu, Mn, Zn)