



## ANALYSIS REQUEST

R J Hill Laboratories Limited  
 Grovetown Park, SH 1  
 Private Bag 1007  
 Blenheim 7240, New Zealand

Office use only  
 (Job No)

T 0508 HILL LAB (44 555 22)  
 T +64 3 579 2270  
 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:

- Sample and Analysis details checked

Signature:

Priority

- Normal

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

Requested Reporting Date:

## ADDITIONAL INFORMATION / KNOWN HAZARDS

## SUBMISSION FORM: WINE EXPORT CERTIFICATION

Please indicate the Countries required for each sample with a ✓

No.	Sample Details	Sorbic Only	EU	Brazil	Japan	Other
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"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	