



# Hill Laboratories

TRIED, TESTED AND TRUSTED

## ANALYSIS REQUEST

R J Hill Laboratories Limited  
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**Office use only**  
**(Job No)**

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**E** mail@hill-labs.co.nz  
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Quote No \_\_\_\_\_ Order No \_\_\_\_\_

Submitted By \_\_\_\_\_

Client / Orchard \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Client Reference / KPIN \_\_\_\_\_

Additional Ref / Packhouse \_\_\_\_\_

Charge To \_\_\_\_\_

**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

I have authority as the landowner / or authorised representative to request this test and consent to the results being released to KVH

**Primary Contact**

Association \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please complete a separate request form for any Buffer Zone samples

**ADDITIONAL INFORMATION / KNOWN HAZARDS**

## 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**    Temp: \_\_\_\_\_

Room Temp     Chilled     Frozen

Sample and Analysis details checked

Signature: \_\_\_\_\_

**Priority**     Normal (Tested every Wednesday, results reported next day if no repeat testing required)

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

Date Collected \_\_\_\_\_

Number of Samples \_\_\_\_\_

## PSA-V TESTING

Is the sample from a KPIN outside the current priority zones?     Yes     No

Who confirmed the symptoms were Psa-like?

**Level of Symptoms** (Leaf Spotting, secondary symptoms, one vine, one block, widespread etc.)

**Date Last Sprayed**    **Product**    **Blocks**

**Type of Sample**     Leaf     Cane     Exudate     Other (please state)

No.	Sample Description / Name	Location of Sample Block/Row/Bay	Kiwifruit Variety Hayward /16A / G3 / G9 / G14	M / F (male or female)	Male Variety (if applicable) Bruce / Chieftain / M91 / CK1 / CK2 etc
1					
2					
3					

Each Leaf sample should comprise of 5 leaves taken from the suspected infection area.  
For more sampling information contact your packhouse 'Psa Manager' or Hill Laboratories.