



Hill Laboratories

TRIED, TESTED AND TRUSTED

ANALYSIS REQUEST

R J Hill Laboratories Limited
28 Duke Street, Hamilton 3204
Private Bag 3205, Hamilton 3240
New Zealand

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

T 0508 HILL LAB (44 555 22)
T +64 7 858 2000
E mail@hill-labs.co.nz
W www.hill-laboratories.com

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

Requested Reporting Date: _____

ADDITIONAL INFORMATION / KNOWN HAZARDS

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					